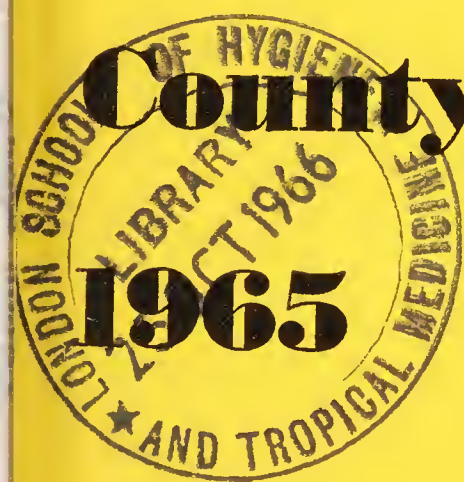


HERTFORDSHIRE COUNTY COUNCIL

Annual Report of

County Medical Officer

1965



COUNTY HALL HERTFORD

Tel. No. 4242

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COUNTY HALL,

HERTFORD.

August, 1966.

To the Chairman and Members of the Health Committee.

MADAM CHAIRMAN, LADIES AND GENTLEMEN,

I have pleasure in introducing the annual report for the year 1965, for it is the first occasion when a composite report covering both health and welfare services in the County has been published.

As is the case in previous years, this is a collection of reports prepared by those officers directly responsible for individual services ; and, although the report refers to the recent merger of the Health and Welfare Departments, it is on this occasion a report of services as they were administered by two independent departments, for reorganization is a gradual process and is not yet complete.

I am grateful, not only for the ready support given to me by the members of the Health and Welfare Committee during what could have been a difficult transitional period, but no less to the members of the staff, many of whom have had to accept changes which have not been easy to accept but whose support has nevertheless been given willingly.

I am, Ladies and Gentlemen,

Your obedient servant,

G. W. KNIGHT,

County Medical Officer.



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REORGANIZATION

The merger of the former Health and Welfare Departments became effective in May, 1965, when a new Health and Welfare Committee was formed to administer the whole range of local authority health and welfare services. (The ambulance service continues to be administered on behalf of the Health and Welfare Committee by the Fire Brigade Committee, and for this purpose acts as a Sub-Committee of the Health and Welfare Committee.)

In order to minimize any disruption in services, the administration of health and welfare services continued unchanged for a time, but gradually the organization has been altered in an attempt to make the merger as effective in practice as by name—and in particular to avoid a mere adsorption of the Welfare Department on to the Health Department.

The basis for a new organization was not limited to the merger, and the opportunity was taken to provide a solution to the many other problems facing the Health and Welfare Department and which are not peculiar to this authority. These include a shortage of professional staff with a consequent need to relieve them of administrative duties which can be undertaken by officers with less specialized training ; the dearth of opportunities for non-medically qualified administrative officers to obtain posts of responsibility, status and commensurate salary in health departments, which in the main adopt the principle of one lay administrative officer or chief clerk responsible to the Medical Officer of Health for the general management of the department ; and the problems associated with the recruitment from local labour of the lower grades of clerical staff in a County of high employment where the bulk of administration is concentrated in one centre.

Consequently, the structure of the joint department was amended and a reduction effected in the number of medically qualified administrators, the posts of senior medical officer on the headquarters staff being declared redundant. In lieu of this, the medical direction is limited to the County Medical Officer and two deputies, with three non-medically qualified officers in charge of three sections of the joint department. This, it is hoped, will provide more incentive for medical officers to undertake public health work, for they will be less involved in detailed administrative duties and can direct their interests and specialized training more appropriately to general considerations of health and welfare needs in the community. The same considerations naturally apply to other professional staff.

Similarly, the introduction of three executive-type posts for non-medically qualified administrators in the joint department (each of responsibility and appropriate salary grading) is intended to encourage the recruitment to health departments of senior administrators or managers who otherwise would look elsewhere for employment where the opportunities for advancement were greater. This rearrangement of senior staff was effected without any increase in the total number of senior administrative staff employed in the two departments.

The three sections of the joint department introduced as a means of solving these problems, as well as ensuring that the merger of Health and Welfare Departments could be carried out effectively, are the Social and Welfare Services Section, Health Services Section, and Management Section.

Instead of continuing with separate Welfare and Mental Health Sections the Social Welfare Services Section was formed by merging all social and welfare services into one administrative unit (under the immediate direction of the County Welfare Officer), the aim being to simplify the co-ordination of social work undertaken on behalf of the aged, infirm, and both physically and mentally handicapped persons ; for not only is there overlap in these classifications but many of their problems are common to all groups. This section, therefore, includes the whole range of services previously undertaken by the Welfare Department, and including the mental health service, home help service and chiropody.

The Health Services Section (the former chief administrator of the Health Department—a qualified company secretary—taking over the role of executive officer-in-charge) consists in the main of all the services provided by the medical, nursing, and health visiting staff, including school health services, health education, and those environmental health services within the scope of the County Council.

The Management Section (the administrative officer-in-charge being a qualified accountant) deals with financial control, development programmes, buildings and site purchases, staff matters, registry, etc., which are common to both service sections and which require to be co-ordinated.

Each section is supported by various professionally trained technical officers and advisers whose responsibilities have not been reduced, but whose duties have been freed to some extent of extraneous clerical detail which could more easily be handled by less specialized officers.

Coupled with the reorganization of administration at headquarters is the scheme of delegation to Divisional Executive Committees which is being extended gradually throughout the County so as to permit complementary administrative procedures to be created rather than duplicating County administration at divisional level. In order to reduce the demands in a growing County for more clerical staff, the use already made of the computer housed in the Treasurer's Department is to be increased.

As a result of this reorganization, and leaving the Ambulance Service aside, the Health and Welfare Committee agreed to vary the sub-committee structure to fit the administration, and three sub-committees (Social Welfare Services, Health Services, and General Purposes Sub-Committees) were approved for implementation in 1966, i.e. a reduction in the number of sub-committees from four to three.

The introduction of one all-purpose social welfare services section provided an opportunity to dispense with the piecemeal and highly-sectionalized administration of social work by welfare officers, mental welfare officers, psychiatric social workers, occupational therapists, home teachers of the blind, etc.—all employed on differing salary grades and conditions of service—and to substitute a single social work setting in which all social workers are employed with a common career structure. Supervision and training of unqualified and newly qualified workers can be arranged more effectively as a result, and inter-departmental and sectional competition for social workers is minimized. At the same time, such an arrangement enables a clearer distinction to be drawn between the roles of health visitor and social worker in the joint department—the former with an increasing association with general medical practice providing, along with her many and varied duties, a screening service ; and the latter providing a specialist service which the health visitor, because of the multiplicity of her functions, cannot supply. To further these aims, social work units are being introduced in the Divisions on a phased basis, the various social workers employed in the joint department working under the direction of a divisional social worker of experience and professional qualification.

One of the major problems in this respect is the provision of office accommodation in which to house all the social workers together with the necessary administrative and clerical support ; but, at the time of writing, three social work units are in existence after a pilot scheme had been undertaken in the St. Albans Division to which reference is made elsewhere in this Report.

The success of these social work units is dependent on many factors, not the least being the willingness of social workers of differing backgrounds, qualification, and status to accept a change in their roles, knowing that all anomalies cannot be corrected immediately. I am particularly pleased to record that, as with the case of the administrative staff, I have had no real difficulties in this context, and I am encouraged to believe that our attempts to provide a unified social work structure within the Health and Welfare Department may be of interest to others.

HEALTH AND WELFARE COMMITTEE.

Chairman.

County Alderman Mrs. I. D. Paterson, J.P.

Chairmen of Sub-Committees.

Domiciliary Services : County Councillor Mr. L. G. Bretton.
Mental Health : County Councillor Mr. L. C. Johnson.
Welfare Services : County Councillor Miss J. B. Campbell, M.B.E.
General Purposes : County Alderman Mrs. I. D. Paterson, J.P.
Ambulance : County Councillor Brig. G. H. P. Whitfeld, O.B.E., M.C., D.L.

Staff as at 1st January, 1966.

G. W. Knight, M.D., D.P.H., County Medical Officer.

W. Stewart, M.B., Ch.B., D.P.H., Deputy County Medical Officer.

W. H. Allen, B.Sc., M.B., Ch.B., D.P.H., D.C.H., Second Deputy County Medical Officer.

Administration of Services.

Social and Welfare Services : R. S. J. Potter, A.I.S.W., County Welfare Officer.
Health Services : W. A. Treharne, A.C.I.S., Senior Administrative Officer.
Management : H. J. P. Page, A.I.M.T.A., Senior Administrative Officer.

Principal Dental Officer.

A. H. Millett, L.D.S., R.C.S.

Consultant Adviser in Child Health (part-time).

Sir Alan Moncrieff, C.B.E., J.P., M.D., F.R.C.O.G., F.R.C.P.

Consultant Psychiatrist (part-time).

Alfred Torrie, M.A., M.B., Ch.B., D.P.M.

Divisional Medical Officers.

Dacorum : R. S. Hynd, M.B., Ch.B., D.P.H., "Churchill," Park Road, Hemel Hempstead.
North Herts : V. R. Walker, B.Sc., M.B., Ch.B., D.P.H., Bedford Road, Hitchin.
St. Albans : G. Cust, M.B., Ch.B., D.P.H., Bleak House, Catherine Street, St. Albans.
South-West Herts : W. Alcock, M.B., Ch.B., B.Hy., D.P.H., Town Hall, Watford.
Welwyn : G. R. Taylor, M.B., B.S., D.P.H., "Gooseacre," Cole Green Lane, Welwyn Garden City.
East Herts Division—No divisional scheme in force.

Assistant County Medical Officers.

F. Appleton, M.B., Ch.B., D.P.H.
 F. Barasi, M.R.C.S., L.R.C.P., D.P.H.
 M. M. E. Barnard, M.B., B.S., D.P.H.
 D. M. Batty, M.B., Ch.B.
 I. R. Clarke, M.B., Ch.B., D.R.C.O.G., D.P.H.
 E. G. Davie, L.R.C.P., L.R.C.S., L.R.F.P. & S., C.P.H.
 K. W. M. Harbord, B.A., M.B., B.Ch., B.A.O.
 P. T. Horder, M.B., B.S., D.P.H.
 L. S. Karpati, M.D. (Graz).
 A. T. Leaver, M.B., B.Sc.
 J. A. Leigh, M.B., Ch.B.
 B. W. M. Macartney, B.A., B.M., B.Ch., D.C.H., D.R.C.O.G.
 N. MacRae, M.B., Ch.B., D.P.H.
 D. J. Marsden, M.B., Ch.B., D.C.H.
 B. S. M. Marshall, M.B., Ch.B.
 P. L. Martin, M.B., B.S., D.R.C.O.G., D.P.H.
 S. J. Moynihan, M.R.C.S., L.R.C.P.
 M. O'Donovan, M.B., B.Ch., B.A.O.
 P. B. M. O'Reilly, M.R.C.S., L.R.C.P., D.P.H.
 J. M. Ponsford, L.R.C.P. & S., D.R.C.O.G., D.P.H.
 J. Poole, M.B., Ch.B., D.C.H.
 E. P. Rigby, B.M., B.S., D.T.M. & H.
 A. T. Roden, M.B., B.S.
 J. A. M. M. Stevenson, M.R.C.S., L.R.C.P., D.P.H.
 E. E. Walton, M.B., B.S.
 M. E. Watkins, M.B., B.S.
 A. Wilkes, M.B., B.S., D.P.H.
 A. H. Wright, M.B., Ch.B.

There are in addition twenty-four doctors working on a sessional basis.

Chest Physicians (part-time).

J. H. Angel, M.D., M.R.C.P.
 T. A. W. Edwards, B.A., M.B., B.Ch., M.R.C.P.
 A. G. Hounslow, M.D.
 E. Rhys Jones, M.B., B.Sc., M.R.C.P.
 V. U. Lutwyche, M.A., M.D., M.R.C.P., D.C.H.
 N. MacDonald, M.B., Ch.B., F.R.C.P.
 A. Pines, M.A., M.D., M.R.C.P.
 J. C. Roberts, M.D., M.R.C.P.
 P. W. Roe, B.A., B.M., B.Ch.

County Nursing Officer and Day Nurseries Supervisor.

V. M. King, S.R.N., S.C.M., H.V., Q.N.

Deputy County Nursing Officer.

M. A. McClements, S.R.N., S.C.M., H.V., Q.N.

Divisional Nursing Officers.

Dacorum : D. Carter, S.R.N., S.C.M., H.V., Q.N.
East Herts : B. Brewer, S.R.N., S.C.M., H.V., Q.N.
North Herts : S. H. Kestin, S.R.N., S.C.M., H.V., Q.N.
St. Albans : R. Seymour, S.R.N., S.C.M., H.V., Q.N.
South-West Herts : A. Featherstone, S.R.N., S.C.M., R.F.N., H.V., Q.N.
Welwyn : D. E. Reay, S.R.N., S.C.M., H.V., Q.N.

County Health Inspector.

J. L. Stringer, M.R.S.H., M.A.P.H.I.

Deputy County Welfare Officer.

B. A. Creed, A.I.S.W.

Social Work Supervisor.

I. Page, Diploma in Social Science, Certificate Applied Social Studies.

Senior Psychiatric Social Worker.

E. L. Thomas, A.A.P.S.W.

Statistician.

V. A. Dickinson, B.Sc.

Health Education Officer.

G. A. Shadek, S.R.N., S.C.M., H.V., Q.N., Diploma in Health Education,
 London University.

Divisional Welfare Officers.

Dacorum : R. H. Curwen, A.I.S.W., The Town Hall, Hemel Hempstead.
East Herts : R. C. Lingham, Diploma in Social Studies., 1 Queen's Road, Hertford.
North Herts : H. Matthews, A.I.S.W., Health Centre, Bedford Road, Hitchin.
St. Albans : J. N. Tibballs, A.I.S.W., Bleak House, Catherine Street, St. Albans.
South-West Herts : R. W. Griffin, A.I.S.W., 28 St. Albans Road, Watford.
Welwyn : N. A. Parker, A.I.S.W., Queensway Health Centre, Hatfield.

Home Help Organizer.

C. M. Webb, M.I.H.H.O.

Chiropodist.

M. M. Williams, M.Ch.S.

MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS OF COUNTY DISTRICTS.

(As at 31.12.1965.)

<i>Division.</i>	<i>District M.O.H.</i>	<i>County District.</i>	<i>Public Health Inspector.</i>
East Herts	*Dr. I. R. Clarke	Bishop's Stortford U.D.	Mr. A. L. Good
	Dr. F. Appleton	Cheshunt U.D. . . .	Mr. C. Wilson
	Dr. G. M. Frizelle	Hertford B. . . .	Mr. B. Peck
		Hoddesdon U.D. . . .	Mr. W. N. David
		Sawbridgeworth U.D. . .	Mr. C. A. Ford
		Ware U.D.	Mr. C. J. Lucas
		Braughing R.D.	Mr. M. R. Gibbs
		Ware R.D.	Mr. A. D. G. Goold
	*Dr. J. E. Crawley	Hertford R.D.	Mr. H. E. Gilby
North Herts .	Dr. V. R. Walker (Divisional M.O.).	Baldock U.D.	Mr. B. G. Willis
		Hitchin U.D.	Mr. N. Holt
		Letchworth U.D.	Mr. A. Jump
		Royston U.D.	Mr. D. G. Lord
		Stevenage U.D.	Mr. R. V. Lamey
		Hitchin R.D.	Mr. W. M. Matthews
St. Albans	Dr. G. Cust (Divisional M.O.).	City of St. Albans . . .	Mr. R. E. C. Goddard
		Harpenden U.D.	Mr. J. Snowden
	*Dr. G. W. Everett (temporary).	St. Albans R.D.	Mr. D. J. Graham
		Elstree R.D.	Mr. G. Male
South-West Herts.	Dr. W. Alcock (Divisional M.O.).	Watford B.	Mr. K. H. Marsden
	Dr. W. Norman-Taylor	Bushey U.D.	Mr. A. C. F. Gisborne
		Chorleywood U.D. . . .	Mr. W. E. Hands
		Rickmansworth U.D. . .	Mr. C. R. Alexander
		Watford R.D.	Mr. F. Reeve
Welwyn	Dr. G. R. Taylor (Divisional M.O.).	Welwyn Garden City U.D.	Mr. M. Stockdale
		Hatfield R.D.	Mr. C. A. Bailey
	Dr. M. I. Outram	Welwyn R.D.	Mr. P. B. Hawley
		Potters Bar U.D.	Mr. J. H. Rooley
Dacorum	Dr. R. S. Hynd (Divisional M.O.).	Hemel Hempstead B. . .	Mr. A. C. Horne
		Berkhamsted U.D.	Mr. R. C. Sweet
		Tring U.D.	Mr. T. William Jones
		Berkhamsted R.D.	R. J. Blandamer
		Hemel Hempstead R.D. .	Mr. R. H. T. Chappell

* Also holds appointment as part-time A.C.M.O.

Except where indicated, the officers named here serve County District Councils and are not on the staff of the County Council.

VITAL STATISTICS.

With the formation of the Greater London Boroughs on 1st April, 1965, the Urban Districts of Barnet and East Barnet became part of the New London Borough of Barnet and Potters Bar Urban District, formerly in Middlesex, came into Hertfordshire.

The effect was to reduce the acreage and population of Hertfordshire as Table 1 shows :—

TABLE 1.—EFFECT OF BOUNDARY CHANGES.

	Estimated population	Acreage
Old boundaries—mid-1964	892,390	404,526
New boundaries—mid-1965	860,970	403,721

For administrative purposes the County is divided into six divisions, their constitutions being given on page 9 and their estimated populations at mid-1965 in the following table :—

TABLE 2.—DIVISIONAL POPULATIONS, 1965.

Division	Population (mid-year estimate)
East	150,990
North	143,890
St. Albans	145,490
South-West	199,050
Welwyn	115,440
Dacorum	106,110

A summary of the principal vital statistics is given in Table 3 from data supplied by the Registrar-General. These figures are based on the new boundaries for the whole of 1965. The figures for 1964 (old boundaries) are given for comparison.

There is a high proportion of people in the lower age groups in Hertfordshire compared to England and Wales as a whole, and this precludes fair comparison of crude birth and death rates with the rest of the country. The Registrar-General, however, provides balancing factors which take account of the variations in population age structure and by applying these, in Table 4, it is seen that the adjusted birth and death rates are both lower than the national rates. This has been the case since 1961.

TABLE 3.—PRINCIPAL VITAL STATISTICS.

	1965.	1964.
Live births :		
Number	15,586	16,328
Rate per 1,000 population	18·10	18·29
Illegitimate live births (per cent of total live births)	5·33	5·09
Stillbirths :		
Number	208	229
Rate per 1,000 total live and still births.	13·17	13·46
Total live and still births.	15,794	16,557
Infant deaths (deaths under one year)	245	236
Infant mortality rates :		
Total infant deaths per 1,000 total live births.	15·71	14·45
Legitimate infant deaths per 1,000 legitimate live births	15·86	14·33
Illegitimate infant deaths per 1,000 illegitimate live births	13·24	16·83

Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	11·93	10·53
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	10·26	9·12
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and still births)	23·31	22·83
Maternal mortality (including abortion) :		
Number of deaths	3	—
Rate per 1,000 total live and still births.	0·19	—
Epidemic death rate per 1,000 population	0·003	0·001
Tuberculosis death rate per 1,000 population	0·02	0·02
Cancer death rate per 1,000 population	1·79	1·82
Heart disease death rate per 1,000 population	3·90	2·72

TABLE 4.—BALANCED BIRTH AND DEATH RATES.

	Crude rate	Rate by balancing factor	National rate
Death rate	9·1	10·2	11·5
Birth rate	18·1	16·3	18·0

Table 5 gives the causes of death by age and sex for the County as a whole. A study of these figures shows that deaths in infancy occur mainly in the first four weeks of life from causes such as congenital malformation and prematurity, whilst accidents take their toll of young men ; heart disease and cancer are the principal causes of death in middle age and diseases of the heart and circulation in old age.

It may be of interest to quote the following extracts from the Third Annual Report of the Registrar-General of Births, Marriages and Deaths for the year ended 1840 and which refers to deaths from accidents for it shows how far we have progressed during the past 125 years.

EXTRACTS FROM THE ANNUAL REPORT OF THE REGISTRAR-GENERAL OF BIRTHS, MARRIAGES AND DEATHS FOR THE YEAR 1840.

“ It must not, nevertheless, be imagined that the number of ‘ accidental ’ deaths, injuries, and mutilations, cannot be reduced in England. Deaths in ships, manufactures, and mines, are indiscriminately called ‘ accidental ’ ; yet it is well known that fewer lives are lost by shipwreck in Her Majesty’s service than in emigrant vessels ; that less accidents happen in one factory than in another ; and that the men are crushed, burnt, or blown to pieces, much less frequently in the coal-mines of certain proprietors, than in those of others. Many ‘ accidental deaths ’ are, therefore, *indirectly caused* by human agency. Many of the accidents happen from ignorance and carelessness. The knowledge of the accidents to which people are exposed in different occupations may put them more on their guard against danger. Men who work at a considerable elevation from the earth will learn caution from the number of deaths by falls, and will, perhaps, indulge less in intoxicating drinks (which are the cause of so many accidents), or in anything that makes the step or head unsteady. In the metropolis, in two years 142 males, and 285 females, died by burns ! This is to be ascribed to the greater combustibility of the dresses of females : their caps and gowns frequently take fire. Many children are burnt from the same cause. It deserves the consideration of manufacturers, whether cotton and linen may not be made, by a chemical solution, as little liable to take fire as textures of wool.

TABLE 5.—CAUSES OF DEATHS IN HERTFORDSHIRE, 1965.

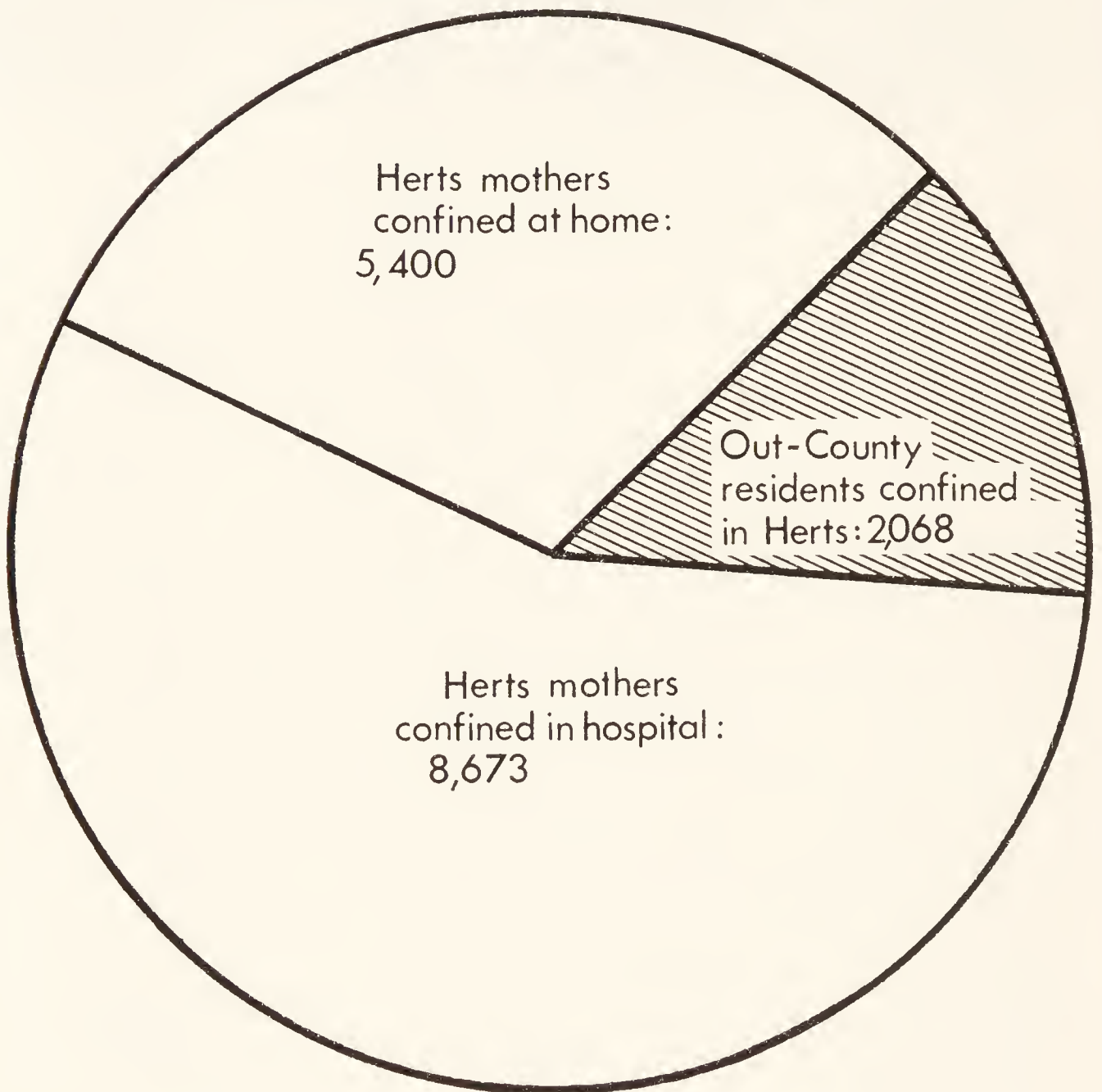
		AGE GROUP																									
		Under 4 wks.		4 wks.-1 yr.		1—		5—		15—		25—		35—		45—		55—		65—		75 and over		Totals			
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F		
1																										1	6
2																										2	1
3																										3	4
4																										—	—
5																										—	—
6																										—	—
7																										—	—
8																										—	—
9																										2	7
10																										3	6
11																										95	66
12																										343	65
13																										2	164
14																										—	52
15																										378	378
16																										116	7
17																										3	27
18																										23	42
19																										25	28
20																										421	458
21																										899	329
22																										48	78
23																										289	412
24																										156	214
25																										5	6
26																										262	312
27																										244	108
28																										49	26
29																										34	13
30																										9	29
31																										30	18
32																										29	—
33																										—	3
34																										38	38
35																										312	328
36																										92	34
																										81	90
																										36	35
																										4	4
																										3,935	3,870

It may render parents and servants more careful to state that many children, under five years of age, are suffocated by drinking boiling water out of the tea-kettle—are burnt to death—or disfigured for life—from being left alone at the fire, without a guard ; and that many children are poisoned by drinking medicines, or drugs, left within their reach. 500 or 600 persons are ascertained to die by poison every year in England ; besides the cases of poisoning which are never detected. These are not like the other violent deaths. The poisons are of very little use except in the hands of medical men ; and may, without any disadvantage, be placed beyond the reach of the majority of persons by whom they are employed for self-destruction, or murder. The immense number of deaths by drowning (about 2,400 annually), arises, in part, from the neglect of the art of swimming, even by persons who are frequently on deep waters.”

MIDWIFERY SERVICE.

The total confinements in the County were 16,141, of which 14,073 were of Hertfordshire residents. Of this total the domiciliary midwives attended 5,377; 567 of these being the concern of the Watford domiciliary staff. In addition thirty-one patients were attended by private midwives.

Confinements in Hertfordshire, 1965.



Total: 16,141 confinements

Although there was a reduction in the number of confinements attended by domiciliary midwives in 1965 compared with the previous year the percentage of home confinements to hospital confinements remained approximately the same as shown in the table below.

TABLE 6.

	1963.	1964.	1965.
Total confinements in County	17,435	17,887	16,141
Confinements attended by County Council midwives	6,443	6,172	5,369
Confinements attended by private midwives	21	24	31
Percentage of home confinements	40.7	38	38.4
Confinements of Hertfordshire residents	15,867	16,278	14,073

TABLE 7.

CASES DISCHARGED FROM HOSPITAL INTO DISTRICT MIDWIVES' CARE.

		<i>Hospital and Nursing Homes Confinements of Herts Mothers.</i>	<i>Early Discharges from Hospital.</i>	<i>Total visits by District Midwives.</i>
1961	. .	8,623	1,764	10,122
1962	. .	8,870	2,214	11,318
1963	. .	9,410	3,626	14,985
1964	. .	10,176	3,558	18,222
1965	. .	9,898	4,184	20,461

The number of early discharges has shown a marked increase in comparison with the previous year. As the decision to discharge mothers from hospital has been planned in the ante-natal period this has not resulted in undue strain on the domiciliary midwives as yet, but it may be necessary at some future date to employ extra staff if this tendency continues.

Reports on the home circumstances necessary for planned early discharges were 2,270 compared with 1,823 in 1964 as shown below.

TABLE 8.

<i>Division.</i>	<i>No. of reports.</i>		<i>No. of Herts mothers confined in institutions.</i>	
	<i>1964.</i>	<i>1965.</i>	<i>1964.</i>	<i>1965.</i>
Dacorum . . .	35	81	1,124	1,143
East . . .	569	818	1,723	1,828
North . . .	236	276	1,546	1,615
St. Albans . . .	257	336	1,734	1,802
South . . .	83	—	792	—
South-West . . .	569	573	2,075	2,066
Welwyn . . .	74	186	1,182	1,444
	<u>1,823</u>	<u>2,270</u>	<u>10,176</u>	<u>9,898</u>

The totals of 1,823 and 10,176 for 1964 include the South Division of the County transferred to the London Borough of Barnet in 1965.

Ante-Natal Instruction Classes.

Classes for expectant mothers continued to be held in all parts of the County and 2,318 women attended during the year. 1,440 had been booked for hospital delivery and 878 for confinement at home.

Refresher Courses.

In accordance with the rules of the Central Midwives Board, twenty-four midwives were sent to approved residential refresher courses for a period of one week. Two nursing officers attended a course arranged for non-medical supervisors of midwives.

Twenty midwives attended a two-day course arranged by the National Birthday Trust conducted by a midwife assisted by a physiotherapist.

Housing of Nursing Staff.

At the end of the year sixty-five houses or houses converted into flats, were owned by the County Council for the housing of nursing staff, and seventy-five houses or flats rented, in most instances from the Development Corporations, Commissions for the New Towns, and District Councils.

Three houses were purchased during the year and five houses or flats rented.

Staff and Training of Pupil Midwives.

One hundred and sixty-seven midwives, representing a whole-time equivalent of 102, were employed at the end of the year which included eight full-time domiciliary midwives employed in Watford by the Watford Maternity Hospital Committee acting as an agent for the County Council. The Central Midwives Board approved fifty-four of these midwives to act as teaching midwives.

During the year 118 pupil midwives completed the domiciliary part of the training and thirty-four were still in training at the end of the year. In addition, at Watford, fifty-three pupil midwives were trained making a total for the County of 205.

Ante-Natal and Post-Natal Clinics.

Seventeen ante-natal clinics were held in Health Centres, three of which were staffed by consultant obstetricians, three by other doctors with special obstetric qualifications and the remainder by midwives alone; 2,065 women attended the clinics for ante-natal care and sixty-five post natally.

Generally, both ante-natal and post-natal care was carried out by the general practitioners with the midwives present at the doctors surgeries; 2,952 women attended for ante-natal care and 450 for post-natal examination.

Ambulance Service—Emergency Child Birth.

The County Ambulance Officer reports that there were five births in ambulances during 1965. Ambulance men only were present at two of these cases and in one other instance the birth occurred when the ambulance was in the hospital grounds and medical staff were in attendance. The remaining two births were attended by a doctor and midwife who were travelling in the ambulance.

Twenty-three patients were delivered at home before or after arrival of the ambulance and in nine of these cases ambulance men only were present. Of these nine cases one infant was premature and one stillborn. The remaining fourteen included one of twins, one premature, one stillborn and one born in a lavatory pan. The two stillborn infants were both macerated.

During the year the Ambulance Service conveyed 3,423 maternity cases, nearly 300 less than in the previous year.

“ Well Woman ” Clinic.

In September the first “ well woman ” clinic started in Bishop’s Stortford when cervical cytology screening facilities were offered to all parous women between the ages of thirty-five and sixty to exclude pre-cancerous conditions of the cervix. The service is not limited to a pelvic examination and the taking of a cervical smear, for at the same time opportunity is taken by the examining medical officer to exclude breast adenoma and to arrange for urine examination to be carried out.

Initially screening facilities will be offered at five-yearly intervals.

Referral is either via a woman’s general practitioner or by directly seeking an appointment at the clinic.

Demand at the clinic has been sustained and ten sessions were held until the end of the year. A total of 155 women attended.

Arrangements were made for a second “ well woman ” clinic to open in Hertford in the spring of 1966.

Maternal Mortality.

There were three deaths associated with pregnancy all of which occurred in hospital. The cases were investigated and reports sent to the Ministry of Health.

Brief details are as follows :—

TABLE 9.

<i>Age.</i>	<i>Cause of death.</i>
28	Amniotic emboli.
21	1(a) Pulmonary embolism. (b) Deep vein thrombosis. (c) Pregnancy.
32	1(a) Clostridial septicaemia. (b) Ante-partum separation of placenta and haemorrhage.

TABLE 10.—MATERNAL MORTALITY.

Year	Hertfordshire			England and Wales Rate
	No. of Live and Still Births	No. of Maternal deaths	Rate per 1,000 Live and Still Births	
1951 . .	9,433	3	0.3	0.8
1952 . .	9,525	6	0.6	0.7
1953 . .	9,993	5	0.5	0.8
1954 . .	10,652	12	1.1	0.7
1955 . .	11,090	5	0.5	0.6
1956 . .	12,034	6	0.5	0.6
1957 . .	12,784	5	0.4	0.5
1958 . .	13,889	6	0.4	0.4
1959 . .	14,108	5	0.4	0.4
1960 . .	14,874	4	0.3	0.3
1961 . .	15,301	9	0.6	0.3
1962 . .	15,823	3	0.2	0.3
1963 . .	16,265	6	0.4	0.3
1964 . .	16,557	—	—	0.25
1965 . .	15,794	3	0.2	0.2

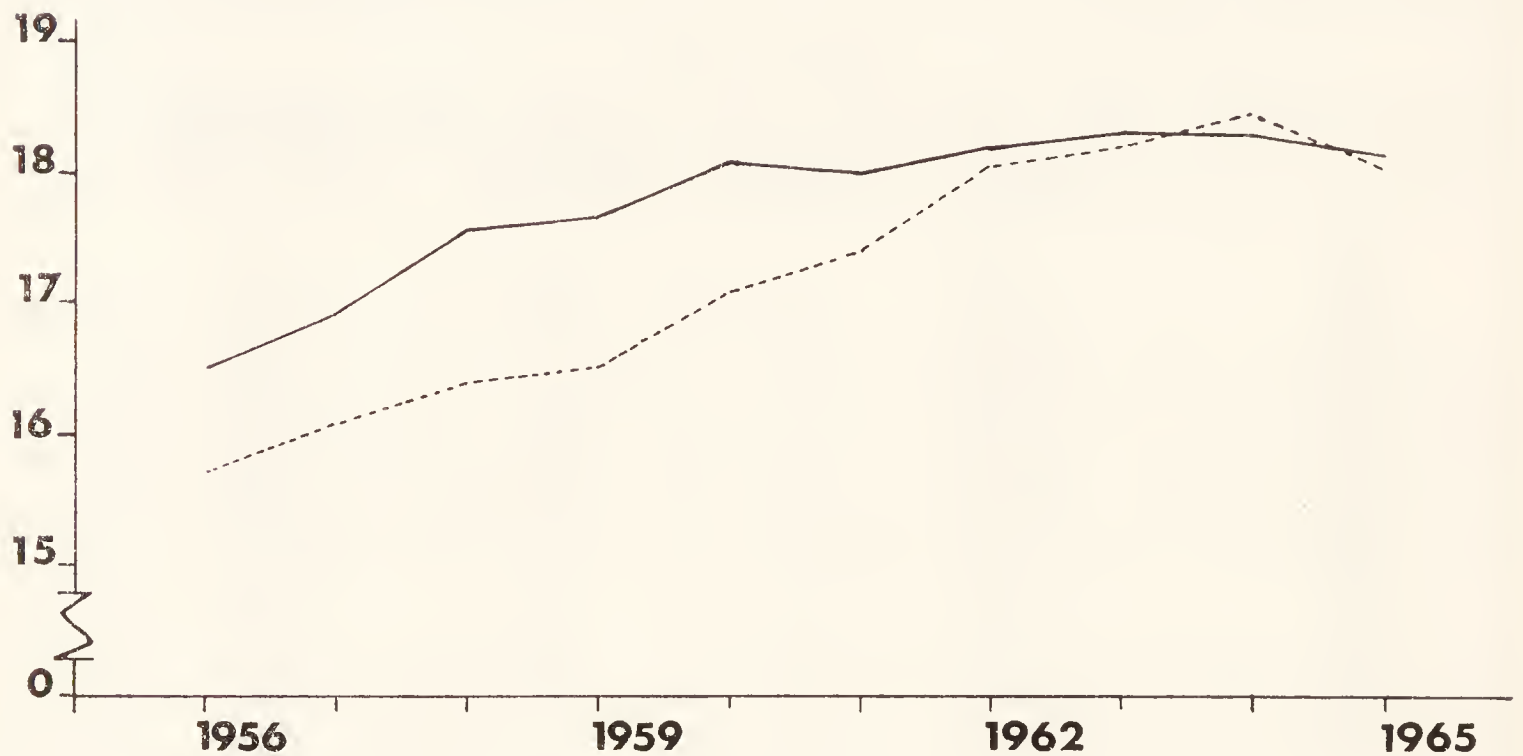
CARE OF MOTHERS AND YOUNG CHILDREN.

In the table on vital statistics it will be seen that the infant mortality rate for the year 1965, i.e. the deaths of infants under one year of age per 1,000 live births rose slightly from that of the previous year, from 14·45 to 15·71 but the illegitimate mortality rate fell sharply from 16·83 to 13·34, the lowest ever recorded.

BIRTH AND INFANT MORTALITY STATISTICS, 1956–1965.

———— Hertfordshire - - - - - England and Wales.

Graph 1.—Live Birth Rate—per 1,000 population.



Graph 2.—Stillbirth Rate—per 1,000 births.

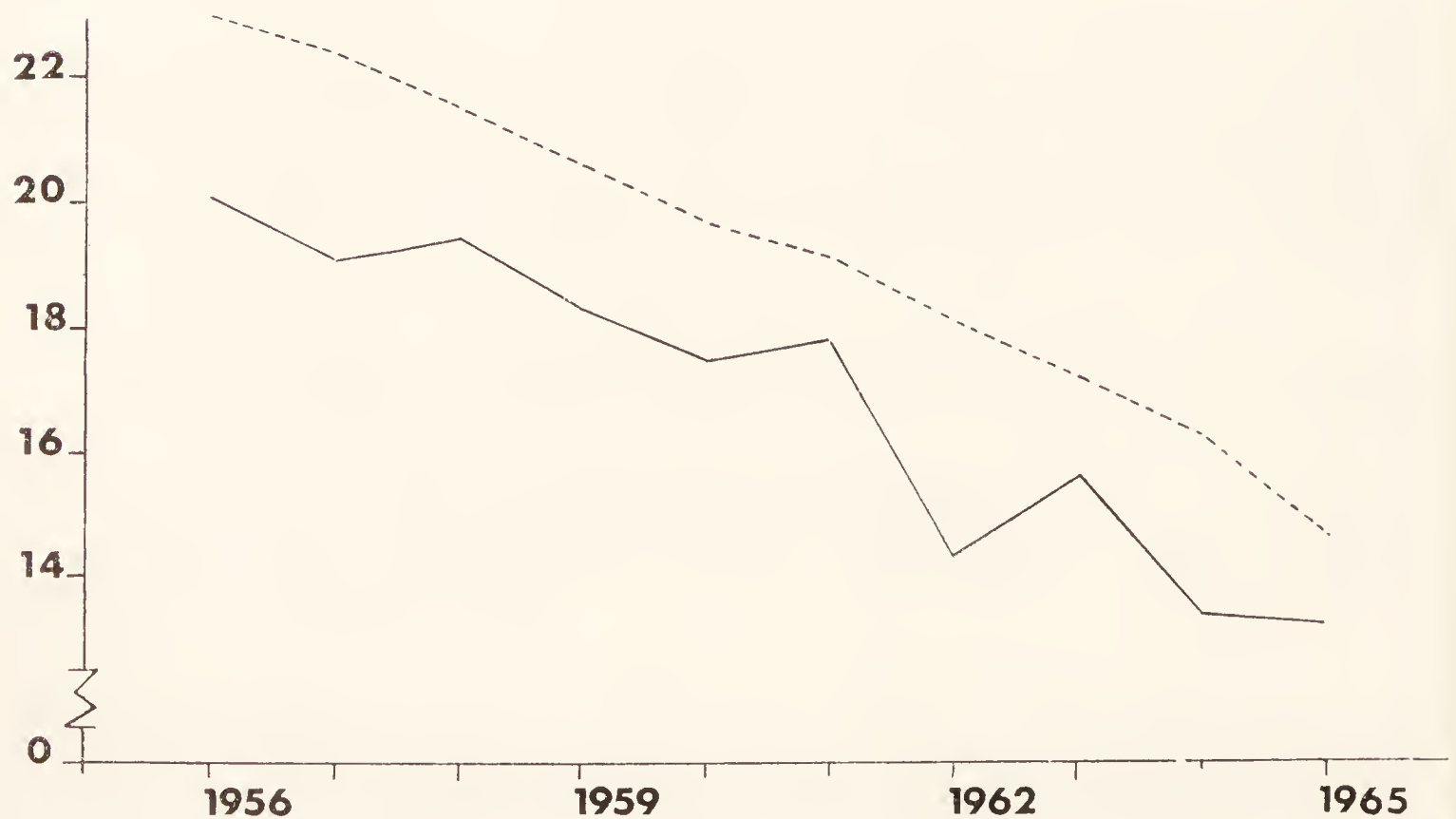
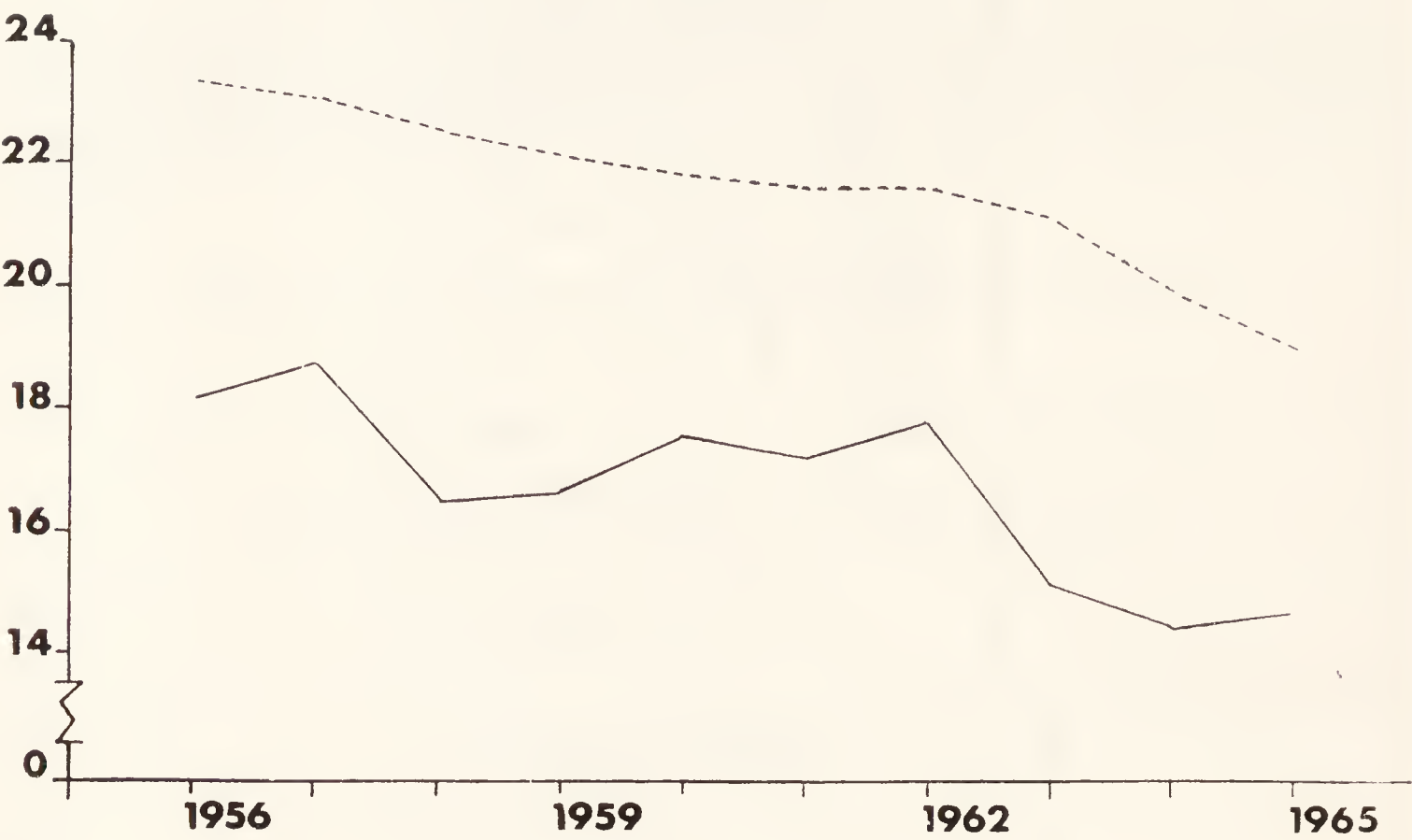


TABLE 11.—LIVE BIRTHS AND INFANT DEATHS, 1965

	A. No. of Live Births					B. No. of Infant Deaths (under one year)					C. No. of Infants who died under four weeks					Rate per 1,000 live births
	Legitimate		Illegitimate		Total	Legitimate		Illegitimate		Total	Legitimate		Illegitimate		Total	
	Males	Fe- males	Males	Fe- males		Males	Fe- males	Males	Fe- males		Males	Fe- males	Males	Fe- males		
Boroughs .	1,961	1,865	141	134	4,101	48	23	1	2	74	39	18	1	2	60	14·6
Urban .	3,740	3,471	172	156	7,539	62	43	2	4	111	46	31	1	4	82	10·8
Rural .	1,887	1,831	113	115	3,946	34	24	1	1	60	25	18	—	1	44	11·1
County .	7,588	7,167	426	405	15,586	144	90	4	7	245	110	67	2	7	186	11·9

Graph 3.—Infant Mortality Rate—per 1,000 live births.



INCIDENCE OF PREMATUREITY.

4.8 per cent of the babies born alive during 1965 were premature compared with 5.2 per cent the previous year. The number of these infants who died within twenty-eight days of birth, however, rose from 10.6 per cent in 1964 to 13.2 per cent in 1965.

TABLE 12.

	Born in		Total in 1965	Total in 1964
	Hospital	At home or in a Nursing Home		
Premature live births	631	125	756	855
Premature babies who died within twenty-eight days	90	10	100	91
Premature stillbirths	107	10	117	127

Congenital Malformations.

The collection of information regarding defects detected at birth continued during 1965.

Congenital defects were recorded in 226 births in 1965 representing 1.43% of live and stillbirths compared with 209 in 1964 or 1.26%. In forty-one of these cases more than one abnormality was noted.

The commonest specific malformations were as follows :—

TABLE 13.

Talipes	55 (65)	cases representing 3.48 per 1,000 live and stillbirths.			
Cleft lip or palate	23 (26)	1.45	„	„	„
Spina Bifida	18 (22)	1.13	„	„	„
Anencephalus	16 (12)	1.01	„	„	„
Congenital heart disease	19 (12)	1.20	„	„	„
Dislocation of hip	15 (4)	0.95	„	„	„
Mongolism	12 (9)	0.76	„	„	„

The comparable figures for 1964 are shown in brackets.

The increase in the number of diagnosed cases of dislocation of the hip may be due to the fact that increasing emphasis is given to this during routine examination of the infant and special instruction classes have been arranged for midwives and health visitors to facilitate early diagnosis.

HEALTH CENTRES.

There are two purpose-built Health Centres in the County providing accommodation for local authority and general practitioner services (Oxhey and Letchworth). These Centres have been in existence for a number of years and in each case the cost of the general practitioner element of the premises was borne by the practitioners.

Until recently, there was little evidence of any growing interest by general practitioners to work in joint clinics, although the County Council has agreed to make any of its existing clinics available for general practitioner use—subject to their suitability and at a rental to be determined by the County Land Agent.

The local authority also agreed to build clinics for joint use by general practitioners in areas of new development, and discussions are taking place with the Executive Council on planning new developments in this field

TABLE 14.—INFANT WELFARE CENTRE ATTENDANCES.

	No. of Centres	Sessions Held	Doctors' Attendances	No. of Children who Attended	Children's Attendances	
					Total	Average per Session
1961 . .	148	6,510	4,038	38,404	268,050	41
1962 . .	145	6,574	5,212	37,523	262,896	40
1963 . .	146	6,891	5,431	39,955	260,435	39
1964 . .	147	6,992	5,421	44,078	287,884	41
1965 . .	125	7,004	5,254	40,604	275,165	39

DAY NURSERIES.

The number of children on the register of the day nurseries at the end of the year was 279, a reduction on the previous years as the nursery at Barnet was transferred to the London Borough of Barnet on 1st April, 1965.

The following table shows the different categories in which the children fall and it will be seen that the majority of children (65 per cent) are from homes where the mother is unmarried or the wife or husband has deserted.

TABLE 15.

	1965.	1964.
(1) Children of widows or widowers	16	22
(2) Children of unmarried mothers	91	91
(3) Children of deserted wives or husbands	90	101
(4) Children of parents in prison	3	4
(5) Children of parents suffering from chronic illness or disablement	5	4
(6) Children of parents suffering from temporary illness, mother's confinement, etc.	21	60
(7) Children recommended by doctor or health visitor for temporary help	33	43
(8) Children of essential workers in social services	15	10
(9) Children living in bad housing conditions	3	16
(10) Children where there is risk of break-up of family	2	6
	<u>279</u>	<u>357</u>

Fifty-six staff are employed and they have continued to assist with the training of students. Since September, 1965, the students have been supernumerary to the staff and become the direct responsibility of the Education Committee. Following the alteration in the training of students, Mrs. Squires who had been matron of the Cole Green Day Nursery for many years was appointed as one of the tutors for the Nursery Nurse Training Course.

One nursery nurse went on a Child Care Reserve Course and was subsequently appointed as a warden at one of the nurseries; two nursery matrons and a deputy attended a residential refresher course during the year.

The maximum charges for the care of children in the nurseries was increased from 10s. per day to 12s. per day, and the minimum charges from 2s. per day to 2s. 6d. per day as from the end of March, 1965. At the same time it was agreed that there should be no charge in future for the Day Nursery Services for children of families receiving National Assistance allowances.

It is hoped that the building of the day nursery in Crossbrook Street, Cheshunt, will commence during the spring of 1966. The new nursery will replace the existing nursery in rented premises at High Street, Waltham Cross, and will provide places for fifty children on the ground floor with office accommodation on the first floor.

TABLE 16.

<i>Day Nursery.</i>	<i>No. of approved places at 31st December, 1965</i>			<i>No. on register, 31.12.65.</i>	<i>Average daily attendances during 1965.</i>
	<i>0-2 years.</i>	<i>2-5 years.</i>	<i>Total.</i>		
Boreham Wood, Elstree Way	24	26	50	35	31
Bushey, London Road	30	50	80	45	36
Letchworth, 1 Norton Way North	20	20	40	26	16
St. Albans, Royal Road	20	20	40	47	38
Waltham Cross, 157 High Street	15	15	30	35	29
Watford, St. Albans Road (Beechwood)	30	20	50	54	48
Welwyn Garden City, Cole Green	20	20	40	37	34
	<u>159</u>	<u>171</u>	<u>330</u>	<u>279</u>	<u>232</u>

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

The number of persons who wish to take children in their homes, and register premises for the care of children daily continues to grow rapidly, as shown in the table below.

This has meant a great deal of additional work for the divisional nursing officers and assistants, and the health visitors, as in each case it is necessary to continue with regular visiting after registration to ensure that the standards laid down by the Authority for the care of the children are maintained.

A total of 1,808 visits were made during the year, 605 by the divisional nursing officers or assistants and 1,203 by the health visitors.

TABLE 17.

	<i>1963.</i>	<i>1964.</i>	<i>1965.</i>
Persons registered at end of year	194	182	247
Number of children permitted	1,432	1,357	1,973
Premises registered at end of year	63	73	103
Number of children permitted	1,539	1,808	2,731
New registrations—			
Persons	66	58	85
Premises	24	15	45

TABLE 18.—NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.
Number of Persons and Premises Registered at 31st December, 1965.

Division	Persons caring for children			Premises				
	Morning only		All day	Open mornings only		Open all day		
	No. of persons	No. of children permitted		No. of premises	No. of children permitted			
			No. of persons			No. of children permitted	No. of premises	No. of children permitted
East	17 (4)	164	4 (2)	44	16 (11)	353	2 (1)	54
Dacorum	10 (7)	92	10 (4)	117	17 (6)	452	4 (1)	116
North	22 (11)	210	54 (23)	297	14 (10)	411	5 (—)	187
St. Albans	20 (9)	224	23 (10)	99	15 (8)	354	1 (—)	40
Welwyn	16 (7)	133	39 (2)	226	18 (5)	482	—	—
South West	22 (6)	309	10 (—)	58	10 (3)	240	1 (—)	42
Total	107 (44)	1,132	140 (41)	841	90 (43)	2,292	13 (2)	439

The number of new registrations during the years is shown in brackets.

MATERNITY AND CHILD WELFARE DENTAL SERVICE, 1965.

Although there has been a comparatively small reduction in the number of sessions allocated to the service by dental officers, the year has been disappointing in relation to the staff position. The year commenced with eleven full-time and thirty-one part-time dental officers and closed with a reduction of three full-time and three part-time officers. The end of the year total of eight whole time and twenty-eight part-time officers gave a whole-time equivalent of eighteen. The full-time dental auxiliary strength remained at four for most of the year but a two month delay was experienced in replacing the dental auxiliary from the Stevenage area who resigned in June. Staffing movement of full-time dental officers was greater than usual with a loss of five and the appointment of two, but the part-time position showed a reversal of the normal busy trend with ten resignations and four new appointments. In addition to these figures, one full-time and one part-time dental officer were transferred to the London Borough of Barnet and three part-time officers joined the staff when Potters Bar, a former Middlesex area, came under the administrative control of Hertfordshire.

Three health centres in which dental suites were incorporated were brought into use towards the end of the year. The first to be opened and situated in the newly developing Civic Centre of St. Albans has a dental suite comprising two surgeries, a dark room, recovery room and waiting room. The additional surgery facilities in this new building are mainly allocated to the orthodontic work for the area. The second centre at Hemel Hempstead houses a dental wing consisting of three surgeries and the appropriate ancillary rooms. The last centre to be opened, at Garston, serves the northern area of Watford with a single chair surgery. All of the clinics have been equipped with modern apparatus which is attractive in appearance and efficient in use. With the completion of these centres, forty-two dental surgeries in thirty-four County Dental Clinics are now available for the treatment of pre-school children and mothers.

A policy of gradual improvement of equipment in the older clinics has been in operation since 1959. This year the rate of improvement has been increased with the installation of modern units, operating lights and high-speed drills at three sub-standardly equipped centres. One other clinic was fitted with diagnostic X-ray apparatus to bring the total number of X-ray machines at present in use to fifteen.

In the latter part of the year a clinical assessment of the standard of treatment carried out by the dental auxiliaries in this County was undertaken by independent dental surgeons appointed by the General Dental Council. The results of these inspections, which have been undertaken throughout the country, will be included in a final report on the employment of dental auxiliaries which is expected to be placed before Parliament during 1966. An interim report on the scheme was published in 1963 but this was restricted to preliminary arrangements and training of the first intake of students only, and no reference was made to their work in the field. When arriving at a decision as to the value of dental auxiliaries to the community, the final report is expected to give consideration to the extent of supervision of their clinical work by dental officers, the acceptability of this class of dental operator by the public and the economic aspect of their employment. During the year the dental auxiliaries spent approximately 20 per cent of their aggregate clinical sessions on the treatment of pre-school children and contributed 936 fillings to the total of 4,095 fillings undertaken during the year.

The statistical figures for this year show a small set-back compared with last year, and are a little disappointing in view of the steady progress that has been maintained in this service during recent years. It is hoped that an improvement in the future staffing position will restore the rhythm of progress.

Details of work carried out in 1965 are as follows :—

TABLE 19.

Expectant and Nursing Mothers.

Number of mothers examined	254
Number of mothers needing treatment	238
Number of mothers treated	215
Number of mothers made dentally fit	147
Number of attendances for treatment	646
Scaling and gum treatment	92
Fillings	426
Extractions	175
General anaesthetics	28
Dentures—full upper or lower	16
—partial upper or lower	29

Children under Five.

Number of children examined	2,828
Number of children needing treatment	1,930
Number of children treated	1,930
Number of children made dentally fit	1,440
Number of attendances for treatment	5,031
Scaling and gum treatment	469
Fillings	4,095
Silver nitrate treatment	853
Extractions	1,106
General anaesthetics	619

FLUORIDATION.

The County Council approved the principle of fluoridation of water supplies as a means of reducing the incidence of dental disease in the community ; but, before giving consideration to individual schemes, asked for further reports on the practical, technical, and financial problems involved.

Although fluoridation of water supplies is continuing in Watford, the extension of this preventive health measure to other areas in the County is not without its difficulties, for most statutory water undertakings in the County have boundaries which do not coincide with the County, and agreement must be reached with other local health authorities on the detailed application of fluoridation schemes.

At the same time, the rapid and continuing growth of the County involves many water undertakings in a review of their supply systems to meet this growth, and it would appear unlikely that every statutory water undertaking in the County could immediately apply schemes of fluoridation over the whole of their areas in the knowledge that these schemes would not be subject to further amendments at some future date. It would appear, therefore, that piecemeal application of fluoridation schemes would be more likely than a County-wide scheme, but further discussions with the various statutory water undertakings are necessary and are taking place.

OPHTHALMIC CLINICS.

During the year, 338 children under five years of age attended the Ophthalmic Clinics for the first time. In addition, 668 attendances were made by young children for re-examinations. Ophthalmologists prescribed spectacles for eight-eight children.

UNMARRIED MOTHERS.

The St. Albans Diocesan Council for Moral Welfare work acts as agent of the local authority in the care of unmarried mothers and the following section is a report of the organizing secretary on the work carried out during the year.

“ So much publicity has been given to the field of social work connected with the unmarried parent and the illegitimate child, and to the position regarding adoption procedure that we, who are so closely involved in this situation have been, more than ever, aware of our responsibilities.

Those who come to us for help have not, as a rule, committed any offence against the law, and therefore, we have no rights and no authority. Our help must be offered in a spirit of friendship, and we must have respect for each person as an individual.

During 1965, 545 unmarried mothers sought the help of the Moral Welfare Workers, and, in addition, 197 cases were remaining from 1964. Of the 448 babies born the following arrangements were made :—

TABLE 20.

Kept by mother	230
Placed for adoption	153
Received into care of the Children's Department or voluntary society	22
Died	10
Other arrangements	33

Whenever possible, the father of a baby is interviewed by the Moral Welfare Worker. The first approach may be to obtain financial help from him, in many cases this leads to a discussion in personal relationships and in this way he is helped to understand himself and the girl's point of view better.

Many more unmarried mothers would choose to keep their babies if adequate accommodation could be made available. A new venture in this direction has been made in one area, where, with the help of a generous donation, the Committee has purchased a caravan and is leasing it to an unmarried mother, who is keeping her child. This is a small beginning but it is a beginning, and one that we shall hope to be able to extend.”

FAMILY ADVISORY SERVICE.

Miss Gurney, the psychotherapist and Mrs. Baker, the senior psychiatric social worker in the Child and Family Psychiatric Service, have continued through the year to provide an advisory service for health visitors to assist them when dealing with mothers with special behaviour problems in their children.

Report of Miss Gurney, psychotherapist.

This has been a year of steady growth in the sphere of preventive psychotherapy.

The fact that during the year the health visitors have increasingly been attached to G.P. practices has been of real advantage.

It means that the doctors concerned become increasingly aware of the service provided by the County and of the value it can be in preventing problems building up to the point where treatment is required, and they themselves not infrequently suggest that cases should be seen. It should also be mentioned that no individual cases are seen without their express agreement.

The health visitors are, of course, the mainstay of the work. It is they who have to recognize those families which need help and who visit subsequently, and for this reason the lectures and discussions given for them by me at the Health Education Centre are vitally important. These have continued throughout the year and assistant school medical officers and the matrons of the day nurseries have also joined them.

Therapeutic groups with mothers continue throughout the County, some have continued, with a changing personnel, for two to three years—and it is clear from the results that, given careful selection in the formation of these groups, a

number of emotional problems existing in the family have been resolved and prevented from developing further.

My meetings with the ante-natal groups are also being most valuable. There exists in these classes a ready made and very receptive group of mothers who are only too anxious to learn something of the importance of early relationships and the risks of deprivation ; this I feel to be an essential element in any programme of preventive work.

Discussions with the top forms in the Grammar schools on the whole subject of human relationships continues, and the number of schools asking for this is gradually increasing. It is abundantly clear from the animated discussions and the quality of the questions that this provides a real need.

A remark made by one of the girls seems to sum up very trenchantly the need for preventive work of this kind when she said " We needed these discussions, surely you don't need to be a psychiatric case before you can have any help ".

CHILD DEVELOPMENT CLINIC—WELWYN GARDEN CITY.

Report of Mrs. Baker, senior psychiatric social worker.

From a small beginning with referrals by one health visitor at Lawrence Hall in 1952 it is pleasant to-day to see the work spreading outwards by way of health visitors in various areas in the town. Already in 1960 there was active participation and now in 1966 a steady partnership has been established. It has been of great value to have facilities in the Viaduct Clinic where a high proportion of under-fives attend, as well as at Gooseacre.

At this point in time I should like to clarify what I believe should be the aims of a clinic appropriately called " Child Development ". In this context what is meant is firstly social and emotional development of the young child. If this side of the person proceeds well then it is believed that his potential in other spheres will be realized, especially in the realm of mental development. Emotionally retarded, the child is unable to use his potential. In order to help the children referred, the following functions I believe rightly tie in and form essential sides of any clinic engaged in promoting emotional development.

(1) To maintain enough contact with the referring agents (usually the health visitors) that discussion on underlying principles may take place on the individual cases presented so that knowledge is widened and the daily work with mothers of young children takes on a wider perspective.

(2) To maintain contact where possible with staff of the day nursery, the nursery groups, and the nursery school. Over the years a number of children have had specialized help from these staffs in conjunction with the children attending the Child Development Clinic. It is unlikely, in my view that these children could have entered Infant school without serious retardation and disturbance but for this pre-school concentrated help of a special nature. The combination was needed—individual help from the Clinic in addition to close collaboration with the nursery unit (it is gratifying to hear of the progress of several such children now in Infant school who are described as making steady if unremarkable progress).

(3) To establish a relationship with the mothers and children referred so that anxiety diminishes and relationships improve. Symptoms (which are but symptoms !) usually subside as the mother gains confidence. Perhaps the prime work here is to act as interpreter between a mother and child who have lost touch temporarily—this largely by attitude and rarely by advice.

Many of the children referred are first children in the family. Insecurity and anxiety in the early feeding situation (where supportive health visitors may be invaluable !) have not provided a good climate for emotional development.

The difficulties are often masked until the second child arrives. Help is urgently needed by many young mothers with an infant and a difficult 2-3 year old. The Discussion Groups held at the various Infant Welfare Centres are of great help to complement individual attention to a family. In the light of group discussion much fantasy over the "bad" behaviour of the child may be dispelled along with guilt and anxiety in the mothers.

As regards the symptoms which brought the children to the clinic : most of these are a normal manifestation and are seen in all young children at various stages of growth. If, however, they persist too long or are very severe and worsening relations and retardation result, outside help should be sought. Of the forty-one children seen this year, nine showed evidence of emotional retardation and deprivation. It would probably be correct to say it was true of most of the children seen but some to but a slight degree. I should like to emphasize the importance of earlier referral especially in the case of feeding and sleeping difficulties and for "miserable" behaviour. Those referred for aggressive and demanding behaviour perhaps get seen because of the nuisance they cause. But these children are often not the most in need and at least are trying to draw attention to their situation.

Seven children this year have been referred from the Family Psychiatric Service. They were found to be emotionally retarded and their relationship to their families needing attention. There are certain children who come to the Child Development Clinic who will probably need more intensive or environmental treatment later. To know them at an earlier stage allows a relationship to have some foundation and it will be easier to help them when they are seen at an appropriate time in the Family Psychiatric Centre. As staffing is at present, the mother need have no change of worker but the child will have additional help.

In conclusion : I regret that owing to staff shortages it has not been possible to give more time to the Child Development Clinic and its needs. I should like to thank all those who work with me at the Gooseacre and Viaduct Clinics for their support and courtesy, which has greatly added to the pleasure of the work itself.

TABLE 21.—CHILD DEVELOPMENT CLINIC.

1st April, 1965–28th February, 1966.

<i>Source of referral.</i>						
Health visitors	.	.	.	.	.	28
General practitioners	.	.	.	.	.	3
School Medical Officer	.	.	.	.	.	3
Child Guidance Clinic	.	.	.	.	.	7
						—
						41
						—
<i>Discharges.</i>						
Improved	.	.	.	.	.	9
Lapsed	.	.	.	.	.	3
Not improved	.	.	.	.	.	4
Transferred to Child Guidance Clinic	.	.	.	.	.	1
						—
						17
Current cases	.	.	.	.	.	24
						—
						41
						—

CHILD DEVELOPMENT CLINIC.

1st April, 1965–28th February, 1966.

Number of cases—	
Carried over	21
New	20
	<hr/>
	41
	<hr/>
Total number of interviews (Including five A/C)	143

<i>Presenting Symptoms.</i>	
Emotionally backward and deprived	9
Demanding behaviour	6
Timidity	5
Sleeping difficulties	3
Aggressive and jealous	8
Allergy (asthma)	3
Speech difficulties (stammer)	3
Toilet training difficulties	4
	<hr/>
	41
	<hr/>

SALE OF WELFARE FOODS.

The successful continuation of welfare foods sales is due very largely to the services of voluntary workers at welfare centres and to a number of shopkeepers throughout the County. Once again I should like to record my appreciation of their help.

At the end of 1965, there were 154 distribution centres open.

TABLE 22.

	National Dried Milk, tins	Cod Liver Oil, bottles	Vitamin A and D Tablets, packets	Orange Juice, bottles
Issued to beneficiaries against coupons	48,643	13,286	20,287	348,627
Issued to hospitals and day nurseries	1,226	210	—	1,304
Totals	49,869	13,496	20,287	349,931
Sales at 4s. (no coupons)	18,567			

HEALTH VISITING.

The number of health visitors employed was 171 including ten tuberculosis visitors. The number represents 94·34 full-time health visitors. Assistance is given to these officers by State Registered Nurses who are employed on a part-time basis.

During the year nineteen health visitor students completed training under the County Council's grant scheme as compared with ten in the previous year.

Health visitors visited 85,332 cases and made a total of 236,511 individual visits to children, the aged and others.

Arrangements for health visitors to attend hospital paediatric clinics for the purpose of instruction and exchange of information about children on their visiting lists continued during the year. They also carried out hearing tests and in 1965 a total of 1,737 were conducted in homes and 2,261 at welfare centres. In addition they made 15,918 tests for phenylketonuria. The health visitors have assisted in various research projects within the County.

In two divisions of the County, a comparison of the work carried out by the health visitors in geographical areas with those attached to general practitioners has been undertaken. It is intended to make a further survey in 1966 in order to compare the pattern of utilization of health visitor time in a given area before and after attachment schemes have been introduced.

TABLE 23.—HEALTH VISITORS' ATTENDANCES AT CLINIC SESSIONS AND INSTRUCTIONAL CLASSES.

	1964.	1965.
Child Welfare Centres	10,168	10,466
Ante and Post-natal Clinics	180	183
Tuberculosis Clinics	55	59
B.C.G. vaccination sessions	284	224
Immunization sessions	838	847
Mothers' clubs and instructional classes	749	785
Day nursery medical inspections	62	36
	<u>12,336</u>	<u>12,600</u>
<i>Attendances at meetings, case consultations, lectures, etc.</i>		
	1964.	1965.
Case conferences.	784	1,289
Meetings and lectures attended	2,681	2,584

Health visitors have participated in teaching projects, held discussion groups and assisted in the running of clubs for parents at the Health Centres. The details of the teaching programme will be found in this report under the section Health Education.

Refresher Courses.

In accordance with the usual practice, eleven health visitors were sent to refresher courses during the year.

In-service training has continued and again health visitors attended seminars on mental health at Napsbury Hospital and a course on the ascertainment of deafness.

Miss Gurney, the psychotherapist, also held seminars with health visitors and day nursery staff on child development.

HOME NURSING.

The following table shows the number of nurses employed in the service at the end of the year :—

TABLE 24.

	1964.	1965.
Whole-time engaged solely on home nursing	37	48
Part-time engaged solely on home nursing	63	53
Home nursing and midwifery	94	102
Home nursing, midwifery, health visiting and school nursing	30	33

The 236 nurses employed in the service at the end of the year, represented an equivalent of 126·9 whole-time staff. Six of the nurses were State Enrolled as opposed to State Registered Nurses.

TABLE 25.—TYPES OF CASES AND VISITS PAID.

	1965 Number of Visits			1964 Number of Visits			1963 Number of Visits		
	Cases	Number	%	Cases	Number	%	Cases	Number	%
Medical	8,253	220,836	80·84	9,223	228,082	81·95	8,870	220,316	79·94
Surgical	1,784	48,741	17·84	1,719	45,077	16·00	2,078	47,622	17·28
Infectious diseases	24	98	0·04	10	102	0·03	7	271	0·10
Tuberculosis	63	2,714	0·88	71	3,858	1·38	109	4,853	1·76
Others	383	1,105	0·40	432	1,771	0·64	901	2,537	0·92
Total	10,507	273,494	—	11,455	278,890	—	11,965	275,599	—
Visits to patients over 65 years of age	—	—	68·15	—	—	66·50	—	—	63·53
Visits to patients under 5 year of age	—	—	0·79	—	—	0·91	—	—	1·05

District Nurse Training.

Eleven trained nurses were accepted for district nurse training at the Watford Training Home during the year and nine at centres outside the County.

Student Training.

The District Nurses in the rural areas have taken district nurse students both from Watford and outside the County. The total number during the year was 158 which included twenty-one district nurse students ; the remainder were hospital trainees.

Refresher Courses and In-Service Training.

Two nurses attended refresher courses during the year at Centres outside the County. Seminars on mental health continued to be held at Napsbury Hospital and twelve nurses attended there for a two-hour session each week over a period of fifteen weeks.

Night Nursing.

Six state-enrolled nurses were employed in this service during the year, and attended a total of sixty-two patients for which they were engaged on 318 nights. These nurses assisted the district nurses in the day when they were not employed at night-time.

INCONTINENCE PADS.

There is no organized laundry service for incontinent people and in lieu incontinence pads have been available for patients' use for about six years in the County. At first they were issued by district nurses at their discretion and in the main this practice still accounts for the bulk of those issued. Requests from other sources are met if the needs appear to be justifiable. In the year about 30,000 individual pads were used.

The means of disposal has varied depending upon the area and the type of houses, availability of fireplaces, closed boilers, etc.

In the main the pads have been burnt at peoples own homes in the firegrate, boiler, or on garden bonfires. In the new towns and housing estates where houses and flats often predominate without fireplaces or gardens they have been disposed of through the normal waste collection arrangements made by the district councils after being wrapped in polythene bags. No great difficulty has been experienced with the disposal measures but the position will require to be observed at periodic intervals.

NURSING ATTACHMENT SCHEMES WITH GENERAL MEDICAL PRACTITIONERS.

(1) *Health Visitors and General Practitioners.*

The policy whereby health visitors work exclusively with families of general practitioners as opposed to geographical areas continued to increase in the County in 1965.

Wherever the new method was started all general practitioners were seen and the scheme fully discussed. Almost without exception the closer liaison suggested was welcomed. It was found, however, that whereas the doctors had considerable knowledge of the work of the midwife/district nurse, the health visitors' function was not often understood or the scope of their duties realized.

At the end of the year there were forty-eight full-time and six part-time health visitors as well as three nurse/midwife/health visitors working with doctors making a total of fifty-seven individual visitors.

As mentioned in the sections dealing with research and the reports of Divisional Medical officers, a survey was carried out in the year on the work of health visitors, when comparative information was obtained of a group working with general practitioners and a group working in geographical areas. A further follow-up survey with the same groups is to be made in 1966 after which time the findings will be made known.

(2) *District Nurses and General Practitioners.*

When attachment schemes of local authority staff to general practice are under consideration it might have been thought that district nurses would have been the obvious group to reorganize for there has always been a closer link and nurses work directly with doctors in carrying out their instructions in regard to treatment. Although health visitors were the first group in this County to be considered for closer liaison with the doctors, it has been found practicable to complete the nursing team by including all three categories, midwives, health visitors and nurses in attachment schemes to group medical practices.

This has meant that up to the end of the year fifteen full-time, thirteen part-time general nurses, and twenty-eight nurse/midwives and three nurse/midwives/health visitors, a total of fifty-nine individuals were carrying out general nursing duties with specific general practitioners' patients. Some of these nurses attend at the surgeries for a short period to assist with treatments and examples of this are given in the reports of Divisional Medical Officers. Where the latter arrangement is not required nurses make a point of calling at the surgeries each day at a mutually convenient time for any necessary discussion about patients whom they are visiting.

(3) *Midwives and General Practitioners.*

As with the health visitors and district nurses the arrangement whereby midwives work with general practitioners has continued to expand throughout the County. For several years midwives in many areas assisted general practitioners at their surgeries at ante-natal sessions but the general practitioners have found it even more satisfactory to know that in the main their patients are seen, delivered, and nursed by one or two midwives only. As has been mentioned under District Nurses a number of midwives also carry out general nursing duties. In the year ten full-time midwives and thirty-one nurse/midwives, of whom three also worked on health visiting duties, a total of forty-one individuals were attached to general practitioners.

NURSING HOMES.

There are eleven nursing homes in the County registered to accommodate a total of twenty-two maternity and 198 medical, surgical, or chronic sick patients. No new homes were registered during the year. These homes are visited for inspection purposes at regular intervals by medical and nursing staff.

In accordance with powers under the Hertfordshire County Council Act, the owners of three homes were asked to improve the standard of accommodation, etc., during the year. This is causing some difficulty but the owners are doing all they can to implement the requirements.

HEALTH EDUCATION.

The demand for assistance and advice on health education continued during 1965. There was some indication that the policy of decentralization, of encouraging the Divisions to conduct their own activities, was having some effect in reducing the number of occasions on which the staff of the Section was directly involved ; but even so, the total work load and demand on our services continues to remain beyond the capacity of the staff to respond. The steady expansion of work has reached the maximum possible under the circumstances and it is clear that a strict policy of advisory services only must be adhered to.

The work of the section falls under four main headings as reported by the Health Education Officer.

(1) IN-SERVICE TRAINING.

(a) *Audio-visual Aids Course.* This year two courses each of six lectures were organized. A total of twenty-two health visitors, four public health inspectors, and one social worker attended the sessions, which covered basic optics, principles of projection, use of episcopes, tapes recorders, filmstrips and slide projectors (16 mm. and 8 mm.), the overhead projector, and closed circuit television. In addition four extra practice sessions were arranged in conjunction with the above courses and three practice sessions were arranged to supplement the previous training of members of the department wishing to be acquainted with our methods and equipment.

We are finding it more stimulating to have this opportunity to introduce new equipment and techniques. The response of nearly all participants in the various courses has been enthusiastic.

(2) TEACHING AIDS SERVICE.

(a) *Sound Films.* 322 filmshows were arranged through the Centre ; a decrease of seventy-four requests from last year. Twenty-six bookings were made in connection with teaching projects at schools, on subjects of personal hygiene, grooming, food hygiene, smoking and health, mothercraft and community health.

Sound films were used on eighteen occasions in connection with ante-natal mothercraft teaching at welfare centres.

Other showings accounted for 278 sound film requests including various teaching projects, e.g. discussion groups at welfare centres, parents groups, lectures given by doctors and health visitors (including administrative staff) to various organizations such as W.V.S., Red Cross, St. John, Parent Teachers Association, Mothers Unions, and many others.

On most occasions projector and accessory equipment were loaned by the Centre and on twenty-three occasions the services of a trained projectionist was also included (owing to our audio-visual aids course and teaching health visitors to operate equipment themselves, there is a decreasing need for this work).

(b) *Filmstrip Library.* Total number of filmstrips and sound filmstrips was 193 by the end of the year. Some of the filmstrips were made into filmslides series ensuring better selection for lectures. Nineteen sets of slides were available by the end of the year. Our postal loan service was used on 365 occasions—a decrease of thirty-one bookings from last year.

For ante-natal teaching classes, 157 bookings were made.

Fifty-eight requests were received for school teaching projects. For other teaching projects, filmstrips, and slides were used on 150 occasions. These projects included group discussion series at welfare centres, lectures on food hygiene to Youth clubs, Red Cross, St. John, Mothers' Clubs, and many others.

(c) *Flannelgraph Library.* There were forty-five flannelgraph sets in the library by the end of the year.

Flannelgraphs were loaned on 130 occasions (a decrease of twenty-eight on last year's figures).

For ante-natal classes—fifty-two bookings were received.

For schools—thirty-seven bookings were received.

Other teaching sessions—forty-one bookings were received.

(d) *Records*. Two records were purchased during the year for ante-natal teaching sessions. Records were used on eight occasions for teaching staff.

(e) *New Recommended Teaching Syllabus*. No new teaching syllabi were distributed this year, but a comprehensive list of visual aids on food hygiene and related subjects was prepared and circulated to Divisions and public health inspectors.

(3) ASSISTANCE AND PREPARATION OF EXHIBITIONS AND CAMPAIGNS.

March, 1965.

Home Help Recruitment Campaign—held in the Dacorum Division. Assistance in arranging publicity vehicles, poster and leaflet publicity, display photographs and campaign advice.

St. Albans Home Safety Exhibition—held at the Town Hall, St. Albans. Careless Lodge exhibit loaned and set up.

May, 1965.

Urban District Council of Potters Bar Home Safety Sub-Committee—display at Elms Court Youth Centre, Mutton Lane, Potters Bar. Holiday Safety exhibit, National and Local Accident Statistics boards loaned in addition to publicity material.

June, 1965.

Bishop's Stortford Home Safety Committee—an intensive campaign lasting four weeks was arranged through this committee. Apart from general home safety publicity through the entire period, special themes of Garden Safety, Kitchen Safety, Fire Safety, and Water Safety were selected each week.

Our entire range of home safety display material was made available for the whole period of the campaign.

Nine filmstrips and our "How to have an Accident" soundfilm were used in talks given in ten schools and the many meetings during this month. The manager of the "Regent" cinema kindly agreed to screen one minute film trailers supplied from the Health Education Centre.

Two separate displays of out home safety material were arranged by the health education officers in the windows of a vacant double-fronted shop in the main shopping centre. The exhibit, "Careless Lodge" together with a leaflet display was displayed in the public library.

The health education officers attended preparatory meetings and gave several talks prior to and during the period of the campaign.

Urban District Council of Potters Bar Home Safety Sub-Committee—holiday safety and two accident statistic boards loaned for display at Oakmere House, High Street, Potters Bar. Loan of these displays extended to July.

August, 1965.

Bushey Urban District Council Home Safety Committee—holiday safety, garden safety plus three other displays together with the poster and leaflet publicity for the Horticultural Society's Annual Summer Show.

September, 1965.

Safety Week Exhibition—held at the Mercury Hall, Hertford. Delivery and setting up of four small exhibits arranged.

Urban District Council of Potters Bar Home Safety Sub-Committee—loan of two Home Safety Statistics Boards.

Staff Horticultural Society—Herts County Council—Annual Show at Morgans Walk School. Loan of Garden and Holiday Safety displays.

Redbourn Home Safety Committee—Professional advice re-exhibition technique. Pre-exhibition previews and lecture displays at the Methodist Church Hall.

October, 1965.

Abbots Langley Parish Council—Home Safety display at Manor House, Sports Pavilion, Gallowhill Lane. Professional advice re-exhibition technique pre-exhibition meetings and previews. Loan and setting up of eleven displays. 16 mm. sound film supplied.

(4) VISUAL AIDS PUBLICITY MATERIAL SERVICE.

A wide range of health education publicity material is stocked at the Health Education Centre and may be obtained on requisition by Health Department staff, and on request by local councils, schools, and other organizations.

In association with Mr. A. H. Millett, Principal Dental Officer, a wide range of posters and leaflets on dental health has been obtained for supply to over thirty dental centres.

Leavesden Group Hospital Management Committee—Fire Safety exhibition at Leavesden Hospital. Six exhibits loaned.

Baldock Urban District Council, Road and Home Safety Committee—exhibition at the Town Hall, Baldock, all exhibits loaned and set up—16 mm. sound film supplied.

November, 1965.

Harpenden Urban District Council, Home Safety Committee—exhibition at the Council Chamber, Harpenden Hall; most Home Safety exhibits loaned and arranged. 16 mm. sound film provided.

Radlett Home Safety Committee—exhibition at Civil Defence Centre, Radlett. Professional advice re-organization. Pre-exhibition meetings and previews. Loan and setting up of all displays.

December, 1965.

Principal Health Centre, St. Albans—loan of " Careless Lodge " for seven days.

Evergreen Club, Hertford—loan and setting up of "Careless Lodge" for eight days.

Total number of exhibitions and campaign projects—seventeen.

Of special interest this year was the increase in demand for publications in foreign languages. Often we can obtain suitable leaflets, etc., from national organizations at a reasonable cost. Unfortunately the material on nutrition was rather limited and we have therefore translated our successful Infant Diet Sheet into Italian.

TABLE 26.

(a) <i>Routine Issues to Welfare Centres Encouraging Local Campaigns.</i>									
Holiday Safety	.	.	.	.	.	.	.	.	3,780
Child Care	.	.	.	.	.	.	.	.	3,691
Smoking and Health	.	.	.	.	.	.	.	.	264
Ante-natal Care	.	.	.	.	.	.	.	.	70
Sub-total	.	.	.	.	.	.	.	.	7,805
(b) <i>Special Issues in Support of National Campaigns.</i>									
National Fire Prevention Week—									
Home Safety—Fire Posters	.	.	.	.	.	.	.	.	5,040
Poliomyelitis Vaccination	.	.	.	.	.	.	.	.	600
Sub-total	.	.	.	.	.	.	.	.	5,640
(c) <i>Poster Supplies Issued on Requisitions.</i>									
Nutrition and Food Hygiene	.	.	.	.	.	.	.	.	371
Smoking and Health	.	.	.	.	.	.	.	.	256
Home Help Recruitment	.	.	.	.	.	.	.	.	72
Child Care	.	.	.	.	.	.	.	.	38
Miscellaneous	.	.	.	.	.	.	.	.	17
Sub-total	.	.	.	.	.	.	.	.	754
TOTAL NUMBER OF POSTERS ISSUED									14,199
(Increase from 1964—8,480)									

TOTAL NUMBER OF GARMENTS ISSUED	96
<i>Number of Leaflets Issued.</i>	
Routine issues to welfare centres—	
Child Care	12,950
Holiday Safety	8,792
Ante-natal Care	525
Sub-total	22,267
<i>For Staff Distribution.</i>	
Booklet for Women Drivers	492
Hertfordshire Home Safety Statistics	270
Prevention of Drowning—Teaching Notes	70
Sub-total	832
<i>Special Issues.</i>	
National Fire Prevention Week	46,800
Home and Child Safety	8,330
Sub-total	55,130
<i>Leaflet Supplies Issued on Requisition.</i>	
Infant Diet Sheets	6,210
Dental Health	4,808
Ante-natal Care	4,252
Home Safety	2,837
Child Care	2,464
Smoking and Health	1,737
Care of the Feet	1,598
Nutrition and Food Hygiene	603
Menstruation	563
Care of the Aged	235
Miscellaneous	211
Home Help Campaign	136
Italian publications	90
Sub-total	25,744
Baby books	512
Sub-total	512
TOTAL NUMBER OF LEAFLETS ISSUED	104,4
(Increase from 1964—35,177)	

TABLE 27.—DISPLAY FACILITIES PROVIDED FOR *Vf*

Total number of posterboards in use by the end of 1963
Total number of triptychboards on stands in use by
Total number of portable display pegboards in use

RESEARCH PANEL.

The Research Panel was set up in 1964 and continued to meet regularly throughout 1965. The panel provides a forum for those members of the staff who are particularly interested in research in some form or another and who question what they do. It is ably chaired by Dr. Cust, Divisional Medical Officer, St. Albans, and the services of the full-time statistician are made available to the members. In order to widen the interests of the panel and to avoid creating a local or domestic atmosphere in discussion, the panel is strengthened by the inclusion of Sir Alan Moncrieff (Consultant Adviser on Child Health), Dr. M. D. Warren (Senior Lecturer in Preventive and Social Medicine at the London School of Hygiene), and Mr. Kirton (Hatfield College of Technology) whose advice, encouragement, and constructive criticism are gratefully acknowledged. Most members of the panel were actively engaged in carrying out pieces of research started in 1964 so that the number of new projects started in 1965 was relatively small. The following projects were actively being carried out by members of the Research Panel of the Health and Welfare Department during 1965 :—

- (1) A survey of reactions to triple immunization.
- (2) A diabetes knowledge survey.
- (3) Diabetes detection in a general practice.
- (4) Parity and place of delivery.
- (5) Survey on early discharge of mothers from maternity hospitals.
- (6) A work study on the work of the health visitor.
- (7) A survey of developmental tests of infants.
- (8) A survey on physically handicapped school leavers.
- (9) A work study on the work of the social workers.
- (10) Plantar Wart survey.

A number of other projects were also under discussion. A number of these were sufficiently near completion to allow at least an interim report.

Reaction Reactions after Triple Immunization.

This was carried out in one division during the whole of 1964 to determine the reactions to triple immunization injections given at Local Health Authority clinics. The objectives of this survey are :—

1. To determine whether any survey of this kind as part of our day to day work has any value, but nevertheless valuable results can be obtained.

2. To determine the percentage of children immunized with triple vaccine get a severe reaction. In general, the majority of these are mild but there are a few more severe reactions which necessitates a change from triple to diphtheria/tetanus vaccine.

3. To determine whether reactions occur after the first injection but the decrease in reactions after the second is due to the fact that the most susceptible children have been removed from the trial because of severe reactions to the first injection.

4. To determine whether any one vaccine causes more reaction than others. Certain firms appeared to cause more reactions than others. Further study is being made of this.

Survey of Patients of Diabetes.

This was carried out in Boreham Wood on the subject of diabetes mellitus. The results were published in the Medical Press. The survey showed that the prevalence of diabetes amongst the general public was better than was revealed by the figures.

5. To determine the prevalence of diabetes. 72 per cent of the patients had no symptoms about symptoms

of diabetes. 17·1 per cent of patients knew thirst was a symptom of diabetes, 4·6 per cent knew polyuria as a symptom of diabetes and 4·2 per cent gave weight loss as a symptom. We can therefore conclude that very few people in the practice would recognize the symptoms of diabetes if they had them. One very encouraging thing was that 80 per cent of all the patients in this practice believed that diabetes could be treated successfully and these patients obviously had a very good idea of what the treatment consisted of. This is very encouraging because it is in this practice that we intend to carry out a diabetes detection survey. The sources of information of diabetes were, in descending order of importance; diabetics, newspapers, books and magazines; radio and television.

SURVEY ON PHYSICALLY HANDICAPPED SCHOOL LEAVERS.

This survey is intended to find out how children who are severely physically handicapped in some way manage in life after they leave school.

The questionnaire shown overleaf was designed to pick out any major employment or social difficulties encountered. As a pilot survey it was sent to two groups of young people, domiciled in North Hertfordshire on 1st January, 1962, who were born during 1947. One group consisted of those deemed at the time of leaving school to have had a severe physical handicap. There were twenty-three of these. The second group was a randomly selected control group, stratified for sex. There were forty-six of these. The questionnaire was sent out by post followed by a reminder letter, one month later, and the handicapped who did not reply were followed up by a visit. This was not done with the control group. The results are set out on page 43.

The pilot survey results seemed to show very little, probably for two reasons :—

- (1) The sample was very small.
- (2) Employment in the area is very high.

It did, however, show something of the suitability of the questions, since they all were answered relatively unambiguously. It also suggested that it would be wiser to make a clear distinction between handicapped school leavers attending ordinary schools and special schools since they will present different education and social histories and to allow a longer period after leaving school before attempting to assess the degrees of success or failure in adapting to community life.

HERTFORDSHIRE COUNTY COUNCIL.

HEALTH AND WELFARE DEPARTMENT.

QUESTIONNAIRE FOR SCHOOL LEAVERS.

1. Do you have a job ?
2. How many jobs have you had since leaving school ?
3. What is your job ?
4. How do you get to work ?
5. How far do you live from work ?
6. Do you live at home ?
- If not, where and with whom ?
7. Have you had any special training for your job ?
8. Do you receive money additional to wages from any organization ?
- If so, what organization ?
9. Do you receive any visits from members of any organization ?
- If so, what organization ?
10. What social activities or hobbies do you have ?
11. Do you belong to any clubs ?
- If so, which ones ?
12. Is there any job you would particularly like to do ?
- If so, state the job and the reason preventing you from doing it.
-

SUMARY OF RESULTS—PILOT SURVEY.

TABLE 28.—PHYSICALLY HANDICAPPED SCHOOL LEAVERS.

	<i>Replies.</i>					<i>Handicapped. Control.</i>	
Actual	20	18
Possible	23	46
Moved out of area	3	—
1. Total in jobs	19	16
2. Number of jobs—0	0	1
1	12	9
2	3	4
3	4	1
5	0	1
6	1	0
						—	—
						20	16
3. Type of job—							
School or Further Education	3	2
Industrial	8	7
Clerical	3	5
Distributive trades	3	2
Domestic	1	0
H/W	1	0
Work Centre	1	0
						—	—
						20	16
4. Transport—							
Walk	6	2
Public	3	5
Bicycle	3	0
Motor bicycle	1	6
Private car	4	1
Organized coach	1	0
Residential	2	1
5. Distance—							
Resident	2	—
Under 1 mile	7	1
1–3 miles	8	9
4–10 miles	2	4
11 +	1	1
6. Home—							
Yes	18	15
No	2	1
7. Special Training—							
Yes	9	9
No	11	6
8. Additional Money—							
Yes	1	16
No	18	—
9. Visit by organization—							
Yes	2	0
No	18	16
10. Social Activities—							
Physical	9	14
Artistic	7	4
Technical	3	5
11. Clubs—							
Social club	14	7
No club	5	9
12. Preferment for other job	2	5

NORMAL DEVELOPMENTAL PROCESSES.

A study of normal development processes in young babies is in progress. Specific milestones are being assessed, regarding their significance, reliability, and variability.

The aim of this project, is the eventual selection of a limited number of developmental tests, which could be applied, simply and effectively, as a routine screening measure, at Infant Welfare Clinics, to help in the early diagnosis of abnormalities.

A pilot survey, involving the application of tests, selected from existing developmental scales, has been completed. The results indicate that the significance of certain of the applied tests requires further investigation. A more detailed study is continuing and it is hoped that during 1966 a programme of tried and proved development tests will be completed for general adoption in infant welfare clinics.

GENERAL PRACTITIONER TRAINING.

Arrangements have been made for trainee and assistant general medical practitioners to attend a short course of instruction on local authority services organized by the Health and Welfare Department, and including the services provided by the Children's Department.

The number of new practitioners is small in any one year, and the courses are organized as and when necessary. The main problem is to balance talks and visits in such a way as to make the course both instructive and satisfying to all types of practitioners where interests may vary according to training and background.

Further experimentation will be undertaken to try and meet the varying needs of practitioners and in the hope that some standard form of training can be applied as a routine.

VOLUNTARY ORGANIZATIONS

Hertfordshire has been fortunate for very many years in its relationships with various voluntary societies—and in particular with those whose activities are directed towards the care of the aged, handicapped, and unmarried mothers, for they provide many services in the community on an agency basis.

During the year, a series of meetings were held (attended by representatives from the various voluntary bodies active in the County) to consider the formation of a Hertfordshire Council of Social Service, the aim being to improve co-ordination between—and give support to—individual voluntary societies without in any way affecting their roles or relationships with the local authority.

Following these meetings, it was agreed to set up a Hertfordshire Council of Social Service, and the County Council has approved a measure of financial support to the organization.

VACCINATION AND IMMUNIZATION.

The tables giving details of the vaccinations and immunizations carried out during the year appear in Tables 30 to 33.

Vaccination and immunization indices have been calculated for 1965, and these appear in Table 29 below. The indices are defined as the percentage of children eligible for the course of protection who have received it. Some parents present their children for protective inoculation after the time stated in the immunization schedule, so that the indices calculated for 1965 may be expected to rise. Experience in previous years enables an estimate of the magnitude of this rise to be made, and this appears in the last column of the table.

TABLE 29.—PROTECTION INDICES FOR 1965.
(i.e. For those due for vaccination or immunization during year.)

Course of protection	When normally given	Index (%) for 1965	Index expected after two years
Smallpox vaccination—			
Primary course	1–2 yrs.	49	62
Re-vaccinations	8–12 yrs.	3	4
Diphtheria/tetanus/whooping cough—			
Primary course	2–6 mths.	77	85
Booster	15–18 mths.	39	50
Diphtheria/tetanus—			
Booster	School entry	42	46
Poliomyelitis—			
Primary course	7–10 mths.	81	92
Booster	School entry	55	62

TABLE 30.

	At Clinics	By private doctors	Total
<i>Smallpox Vaccinations—</i>			
Primary	4,930	5,311	10,241
Re-vacs.	51	391	442
	4,981	5,702	10,683
<i>Diphtheria Immunizations—</i>			
Primary	5	65	70
Boosters	192	97	289
	197	162	359
<i>Whooping Cough Immunizations—</i>			
Primary	4	20	24
Boosters	2	10	12
	6	30	36
<i>Combined Diphtheria/Whooping Cough/Tetanus Immunizations—</i>			
Primary	7,389	5,740	13,129
Boosters	6,195	4,319	10,514
	13,584	10,059	23,643
<i>Poliomyelitis Vaccinations—</i>			
Primary	9,482	6,252	15,734
Boosters	7,532	4,112	11,644
	17,014	10,364	27,378

TABLE 31.—DIPHTHERIA IMMUNIZATION.

Year.	Number of Children who completed a Full Course of Primary Immunization.		Number given a Reinforcing Injection.
	Under 5 years of age.	Over 5 years of age.	
1955 . .	6,781	815	5,671
1956 . .	10,768	846	7,338
1957 . .	9,646	661	5,548
1958 . .	10,383	631	6,254
1959 . .	11,106	501	6,697
1960 . .	14,467	830	9,427
1961 . .	15,197	1,911	11,698
1962 . .	13,074	574	7,606
1963 . .	13,231	430	10,998
1964 . .	14,632	209	16,712
1965 . .	13,812	84	19,442

TABLE 32.—SMALLPOX VACCINATIONS.

Year	Vaccinations			No. of Live births during year	Vaccinations under one year of age	Percentage vaccinated under one year of age
	Primary	Re-vaccinations	Total			
1955	6,103	825	6,928	10,874	5,163	47·5
1956	7,371	1,023	8,394	11,792	6,316	53·6
1957	9,558	1,760	11,318	12,538	7,284	58·1
1958	9,781	1,116	10,897	13,618	8,492	62·4
1959	10,281	1,098	11,379	13,850	8,914	64·4
1960	10,518	1,333	11,851	14,614	8,827	60·4
1961	11,979	1,537	13,516	15,030	8,825	58·7
1962	45,222	56,566	101,788	15,598	9,455	60·4

Year	Vaccinations			No. of Live births	Vaccinations under two years of age	Percentage vaccinated under two years of age
	Primary	Re-vaccinations	Total			
1963	4,777	2,010	6,787	15,598	3,604	23·1
1964	9,326	1,614	10,940	16,011	7,634	47·7
1965	10,241	442	10,683	16,328	7,637	46·8

B.C.G. VACCINATION.

The value of this scheme of vaccination is mentioned by the chest physicians later in this report. It has been in operation in this County for ten years and some 90,000 children and young adults have been given this protection.

All children aged thirteen and over and students at Further Education and Teacher Training Colleges are offered a skin test to ascertain whether they have developed a natural immunity to tuberculosis and those who are negative to the test are given the vaccine. Those with positive reactions are notified to the chest physicians for any further investigation, including chest X-rays, thought necessary.

Child contacts of cases of tuberculosis are tested at the chest clinics and also given the vaccine if negative reactors.

Children who miss their vaccination one year are given it the year following, and this accounts for the apparent discrepancy in the number eligible for vaccination and the number vaccinated as shown in Table 33.

TABLE 33.

		<i>Schoolchildren aged 13 years and over.</i>	<i>Students attending Further Education Establishments.*</i>
Number tested . . .		10,287	221
Found positive . . .		448	16
Found negative . . .		9,444	191
Vaccination . . .		9,571	187

* Including Teacher Training Colleges and Adult Training Centres, etc.

CARE AND AFTER CARE.

TUBERCULOSIS.

The number of cases of tuberculosis notified during the year dropped quite considerably both in respect of males and females and more than compensated for the slight rise among males mentioned in the report for 1964. This fall has been recorded throughout the County, except in the districts served by the Barnet Chest Clinic and these were of course affected by the boundary changes in April.

The reports of the chest physicians while referring to this satisfactory trend stress the increasing volume of work from other chest conditions, including lung cancer.

Needless to say the close association of chest clinics with the local authority's health services is an essential factor in the field of prevention.

TABLE 34.—NOTIFICATIONS OF PULMONARY AND NON-PULMONARY TUBERCULOSIS.

	1963				1964				1965			
	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000	No. of cases notified			Attack rate per 1,000
	M	F	Total		M	F	Total		M	F	Total	
<i>Pulmonary.</i>												
Urban . . .	99	80	179	0·29	112	57	169	0·27	90	44	135	0·23
Rural . . .	46	19	65	0·25	49	27	76	0·29	35	20	55	0·21
County . . .	145	99	244	0·28	161	84	245	0·27	125	64	190	0·22
<i>Non-Pulmonary.</i>												
Urban . . .	15	16	31	0·05	15	10	25	0·04	6	10	16	0·03
Rural . . .	5	8	13	0·05	3	10	13	0·05	1	5	6	0·02
County . . .	20	24	44	0·05	18	20	38	0·04	7	15	22	0·03
<i>Pulmonary and Non-Pulmonary</i>												
Urban . . .	114	96	210	0·34	127	67	194	0·31	96	54	150	0·25
Rural . . .	51	27	78	0·31	52	37	89	0·34	36	25	61	0·27
County . . .	165	123	288	0·33	179	104	283	0·32	132	79	211	0·24

Dr. Rhys Jones in his report refers to the actions taken to discover and contain the spread of infection among a group of young people who could have been in contact with an infectious case of tuberculosis.

Dr. Rhys Jones reports as follows on the Cheshunt and Waltham Cross areas.

“ This clinic is on the borders of three counties, receiving patients from Hertfordshire, Essex, and Middlesex. In previous years it has only been possible to give figures of new cases of tuberculosis arising in Hertfordshire, but this year total attendances have also been divided according to the County. A girl who was a frequent attender at a dance hall and club for young people was found to have infectious pulmonary tuberculosis. Arrangements were made to X-ray as many members of the club who would agree to attend. A total of 390 were X-rayed of whom 277 attended an M.M.R. van outside the hall and 113 were X-rayed by this clinic. No fresh cases were found. At the same time inquiry was made about previous B.C.G. vaccinations and in cases of doubt Heaf tests were done. Out of fifty tests only eleven negative reactors were found and seven were given B.C.G.

Most of the immigrants in the Cheshunt area come from Europe and work in the nurseries.

Public Health Officers see them on arrival and advise them on matters of welfare, particularly their entitlement to benefits under the Health Service, and

they are urged to register with a general practitioner. Once registered their own doctor may then arrange for an X-ray of the chest.

A survey has recently been conducted from this clinic to assess the number of immigrants who may have been X-rayed. The doctors of these known to have registered have been asked about any X-rays and a health visitor has attempted to trace the remainder with the following results :—

TABLE 35.

Immigrants known to have moved into Cheshunt in the past two years.
(Not including wives and children).

Addresses—place of work only	45
home address	43
Total	88
Known to have registered with a G.P. (traced by health visitor and through Executive Council)	48
Number seen and advised to register	7
Address not known—moved on	6
No replies to home visits	17
Not traced at work	10
	88
Known to have been X-rayed	2 (G.P. referral)
	1 (M.M.R.)
	3

Efforts to trace the twenty-seven not yet interviewed continue. By agreement with their general practitioners, those immigrants who are registered are now being offered an X-ray at the clinic.”

Extract of Report received from Dr. Hounslow relating to the Barnet area.

“ For the first quarter of the year the clinic catchment area consisted of Barnet and East Barnet Urban Districts, Elstree Rural District, and parts of Watford and Hatfield Rural Districts, all situated within the Administrative County of Hertford. On 1st April, 1965, Barnet and East Barnet became merged with Finchley, Friern Barnet, and Hendon to form the new London Borough of Barnet. The changeover involved a number of administrative and staffing rearrangements, but these were effected smoothly, and the overall catchment area was unaffected by the change.

There has been remarkably little variation in the total volume of work done for several years now and the proportions of patients in the various categories have shown very little alteration with the exception of the rise in the new tuberculosis notifications.

Forty-two newly-notified tuberculosis patients were added to the Register compared with twenty-six in 1964.

This is a disappointing feature of the year's work, for which it is difficult to account, although it is definitely not due to tuberculosis in foreign immigrants. Such unaccountable rises may occur from time to time where the numbers involved are not large, and although it is impossible to forecast the future with any certainty, there may well be an unusually large compensatory fall in new notifications in 1966.

Two hundred and eighty-nine new tuberculosis contacts were examined and 768 repeat contact examinations made : two new cases, both children in the same family, were discovered.

Eighty-five received B.C.G. vaccination under local authority approved arrangements.”

TABLE 36.

Contact scheme	73
School children scheme	12
	<hr/>
	85
	<hr/>

Dr. Pines, who deals with the South Herts area (excluding Cheshunt) has the following to say :—

“ During the year, nine patients with tuberculosis were notified, this being a great decrease on the previous year. Eight had pulmonary tuberculosis which required treatment, and four of these had sputum which was positive. No children were notified.

There was an increase in carcinoma of the lungs, thirty-five being diagnosed. Again, most of these proved to be inoperable. 107 patients were diagnosed in varying stages of bronchitis. Other chest, heart, and general medical diagnoses were made in 193 cases.

An intensive survey of a department at County Hall was carried out after a case of pulmonary tuberculosis had been diagnosed, and a similar survey was carried out on a caravan site following the diagnosis of another case of tuberculosis.”

Dr. Macdonald reports as follows on the North Herts area .—

“ New notifications of tuberculosis fell from thirty-seven in 1964 to thirty in 1965. Of these only nine were T.B. positive. Non-respiratory disease, thanks to the clean milk supply over a considerable number of years, is now rare, there being only two cases in the area last year.

While this position can in general be regarded as satisfactory there remains the occasional danger of the introduction of a highly infectious undiagnosed case into such an environment. This is to some extent safeguarded by the systematic B.C.G. vaccination of children prior to leaving school. A particularly careful watch is also kept on the small immigrant community in the district, especially those from India and Pakistan, amongst whom the incidence of disease, in other parts of the country has been shown to be high. Under a new arrangement the medical officer of health will supply to the chest clinic a list of names of new long-stay immigrants to the district and they will be requested to attend for X-ray. As some of the adults in the past have been found to be tuberculin-negative, and others have developed primary-type disease some years after arrival, tuberculin-testing with B.C.G. vaccination of negative reactors might also prove valuable.

The main work of the clinic continues to be concerned with non-tuberculous disease, particularly asthma, chronic bronchitis and bronchial carcinoma. Total attendances are a little lower than in 1964, due in part to the fact that follow-up examinations of contacts, except in a few selected instances, are proving less essential. Controlled trials under the auspices of the British Tuberculosis Association and the Medical Research Council are in progress regarding the value of desensitization to house dust in asthma, the place of chloroquine in the treatment of sarcoidosis and the usefulness of cytotoxic drugs in patients who have had resection for bronchial carcinoma.”

Dr. Watkin Edwards, who covers St. Albans and Mid Herts areas comments as follows :—

“ Forty-nine cases of tuberculosis were diagnosed in 1965, compared with fifty-four in 1964. Nine were sputum positive on direct smear, sixteen were positive on culture and four had positive laryngeal swabs. Two showed pre-treatment drug resistance—one of these had received inadequate treatment in

Italy and the other had not received any previous treatment for pulmonary tuberculosis.

Five were immigrants from Pakistan and one from Italy. There were 108 immigrants into the St. Albans district in 1965 and although only one of the six immigrants came to the United Kingdom in 1965 the figures do indicate a fairly high incidence of pulmonary tuberculosis and underline the importance of X-raying immigrants as soon as possible after entry into this country.

Three hundred and fifty-nine new contacts were examined and four primary infections were found in children and two patients with post-primary disease were found—one being the source case responsible for his daughter's erythema nodosum and associated primary infection. Approximately eighty work contacts of this man were tuberculin tested and X-rayed but so far with negative findings.

Although the control and ultimate eradication of tuberculosis remains a principal objective of chest clinic work, large numbers of patients with other chronic chest diseases, particularly bronchitis and asthma, are dealt with in the chest clinic where facilities for social and welfare work, prevention and after care are available equally for these patients."

Dr. Roberts of the Dacorum Division reports as follows :—

" During the past year we have continued our policy of recovering patients whose tuberculous disease has been inactive for many years and have discharged those whose disease is considered to be soundly healed. This has inevitably resulted in a reduction of the numbers on the Register. We have recovered 109 patients during 1965 as against fifty-eight last year. The number of new patients seen has increased somewhat to 1,282 as against 1,244 in 1964, and we think the general practitioners are making more use of our services in this respect.

It is very disappointing that the extension to the X-ray Department at the West Herts Hospital, regarded as an urgent priority for many years, has not materialized and despite the willingness and co-operation of the staff of the X-ray Department this has resulted in considerable delays at times to patients attending the clinics.

We are fortunate in having the co-operation of the Mass Radiography Unit 5C which has taken a considerable load off the X-ray Department and we are also helped by the co-operation of the general practitioners who continue to use this service wherever possible. It is to be hoped that during this year the proposed improvements to the X-ray Department at the hospital will be pressed on with as a matter of urgency.

The new notifications are very little down on last year. We have notified twelve respiratory cases with positive bacteriological findings and seventeen with negative bacteriological reports and there have been only two non-respiratory cases notified during the year. During 1964 we notified fifteen respiratory cases with positive bacteriological findings and sixteen with negative reports, and had five non-respiratory cases.

The efforts of the School Medical Staff at Mantoux testing and B.C.G. vaccination of the school children at about the age of thirteen is of great assistance in the prophylactic field of tuberculosis."

Dr. P. W. Roe and Dr. J. H. Angel, South-West Herts Division. Dr. Roe makes the following comments on the situation in the South-West Herts Division :—

" The most significant fact of 1965 is a further drop in new notifications of tuberculosis. From a steady rate of about 100 per annum since 1960, there was a fall to seventy-nine cases in 1964 and now fifty-five cases in 1965. New notifications with a positive sputum having been steady at about forty cases per annum now falls to twenty cases in 1965. This marked decline in the incidence of

TABLE 37.— NOTIFICATIONS OF INFECTIOUS DISEASES, 1965.

District	Scarlet Fever	Whooping Cough	Acute Poliomyelitis		Measles	Diphtheria	Acute Pneumonia	Dysentery	Smallpox	Acute Encephalitis		Enteric or Typhoid	Paratyphoid	Erysipelas	Meningococcal Infection	Food Poisoning	Puerperal Pyrexia	Ophthalmia Neonatorum	Chicken Pox	Malaria	Undulant Fever	Infective Hepatitis	Wells Disease	Tuberculosis		Scabies	Totals for Districts
			Paralytic	Non Paralytic						Infective	Post- Infective													Pulmonary	Non- Pulmonary		
Boroughs—																											
1 Hemel Hempstead	7	3	—	—	650	—	—	64	—	—	—	—	1	—	—	—	1	—	—	—	—	26	—	14	—	—	765
2 Hertford	5	—	—	—	366	—	3	18	—	—	—	—	—	—	—	3	1	—	—	—	—	4	—	1	—	—	381
3 St. Albans	13	3	—	—	651	—	2	—	—	1	—	1	—	—	—	7	2	1	—	—	—	7	—	18	3	—	724
4 Watford	28	36	—	—	1,191	—	7	6	—	—	1	—	—	4	—	—	—	—	—	—	—	10	—	28	2	—	1,320
Totals Boroughs	53	42	—	—	2,858	—	12	88	—	1	1	1	2	4	—	10	3	1	—	—	—	47	—	61	6	—	3,190
UrbanS—																											
1 Baldoek	3	2	—	—	166	—	2	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	175
2 Berkhamsted	1	1	—	—	104	—	3	1	—	—	—	—	—	1	—	—	—	—	—	—	—	2	—	4	1	—	118
3 Bishop's Stortford	7	9	—	—	197	—	—	17	—	—	—	—	—	1	—	1	—	—	—	—	—	1	—	2	—	—	235
4 Bushey	5	6	—	—	241	—	1	4	—	—	—	—	—	—	—	6	—	4	—	—	—	1	—	3	—	—	271
5 Cheshunt	50	3	—	—	269	—	2	5	—	—	—	—	—	2	—	4	3	1	—	—	—	10	—	12	2	—	353
6 Chorleywood	—	4	—	—	45	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	62
7 Harpenden	7	—	—	—	598	—	2	4	—	—	—	—	—	1	—	3	—	—	—	—	—	3	—	4	1	—	622
8 Hitchin	4	4	—	—	516	—	—	—	—	—	—	—	1	—	—	—	17	—	—	—	—	3	—	4	—	—	546
9 Hoddesdon	5	—	—	—	400	—	5	—	—	—	—	—	—	2	—	1	1	—	—	—	—	1	—	3	—	—	418
10 Letchworth	9	3	—	—	637	—	9	4	—	—	—	—	—	1	—	1	1	—	—	1	—	—	3	3	—	—	671
11 Potters Bar	2	3	—	—	273	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	—	279
12 Rickmansworth	1	24	—	—	463	—	2	7	—	1	—	—	—	—	—	3	1	—	—	—	5	—	5	5	—	—	512
13 Royston	—	—	—	—	247	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	17	—	1	—	—	—	267
14 Sawbridgeworth	—	—	—	—	61	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	4	—	—	—	66
15 Stevenage	27	7	—	—	1,707	—	—	3	—	—	—	—	—	—	—	6	2	—	—	—	—	11	—	17	2	—	1,781
16 Tring	—	—	—	—	138	—	—	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	146
17 Ware	5	1	—	—	95	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	102
18 Welwyn Garden City	19	7	—	—	690	—	10	2	—	—	—	—	—	2	—	—	1	1	—	—	—	—	—	8	1	—	740
Total UrbanS	145	74	—	—	6,847	—	37	52	—	3	1	—	1	10	—	19	33	6	—	—	1	51	—	76	9	—	7,364
RuralS—																											
1 Berkhamsted	2	—	—	—	43	—	—	—	—	—	—	—	—	2	—	—	1	—	—	—	—	3	—	2	—	—	52
2 Braughing	1	2	—	—	67	—	1	1	—	—	—	—	—	2	—	—	1	—	—	—	—	4	—	—	—	—	79
3 Elstree	14	5	—	—	402	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	—	—	12	2	—	440
4 Hatfield	4	—	—	—	312	—	2	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	8	1	—	—	329
5 Hemel Hempstead	—	—	—	—	90	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	94
6 Hertford	6	2	—	—	254	—	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	1	—	263
7 Hitebin	—	3	—	—	395	—	—	—	—	2	—	—	—	6	—	1	—	—	—	—	—	—	—	—	—	—	404
8 St. Albans	17	5	—	—	602	—	1	15	—	—	—	—	—	—	1	1	—	—	—	—	6	—	1	1	—	—	666
9 Ware	2	7	—	—	173	—	—	1	—	—	—	—	—	—	—	4	—	—	—	—	—	12	—	3	—	—	202
10 Watford	14	7	—	—	658	—	2	51	—	—	—	—	2	1	—	12	—	—	—	1	—	14	—	15	1	—	777
11 Welwyn	1	—	—	—	155	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	160
Totals RuralS	61	31	—	—	3,151	—	10	69	—	2	—	—	2	11	1	21	4	—	—	—	1	41	—	54	7	—	3,466
Totals County	259	147	—	—	12,856	—	59	209	—	6	2	1	5	25	1	50	40	7	—	—	2	139	—	192	21	—	14,020

The mortality figures resulting from the infectious diseases will be found in Table 3, pp. 12-13.
The mortality figures resulting from the infectious diseases will be found in Table 3, pp. 12-13.

tuberculosis shows that the problem in South-West Herts, a notorious black spot area in the immediate post-war years, has been largely overcome.

Consequent upon the appointment to the department of a second consultant physician in 1964, the attendance figures show, as anticipated, a marked upward swing in the percentage attendances in respect of medical chest diseases as compared with tuberculosis. Out of 8,040 total patients' attendances in 1964, as many as 91 per cent were for tuberculosis, leaving 9 per cent for other chest diseases. In 1965 82 per cent out of 7,124 patient attendances were for tuberculosis and 18 per cent for other chest diseases. It is probable that a further movement in this direction will be shown during 1966. This progress is indicative of the change of emphasis in the work of chest departments now possible in many areas as the resources engaged on anti-tuberculosis duties are re-deployed for other purposes such as the more complete management of lung cancer, bronchitis, and bronchial asthma. On the preventive side the department will in due course be able to undertake duties in respect of the prevention of smoking, and it is hoped that anti-smoking clinics can be established during 1967. The carrying forward of this work in practice will depend upon the continued support of the North-West Metropolitan Regional Hospital Board and the County Council.

There has been a reduction of one in the establishment of tuberculosis health visitors during 1965, and three health visitors are now in post. They are fully engaged on preventive work in respect of tuberculosis at present, work which includes contact tracing, B.C.G. vaccination, and the supervision of the many patients who now have their treatment at home rather than in hospital."

CONVALESCENCE

The need for a period of convalescence after illness or accident has long been recognized as a factor in restoring patients to normal fitness, and the local authority has arranged for 200 to 300 patients annually to be admitted to convalescent homes for this purpose. Use is made of several homes, the selection depending a great deal on the physical condition of the patient ; but the majority go to the Hertfordshire Home at St. Leonards—a Home maintained by a voluntary committee.

In recent years, however, the demand for convalescent holidays has been greatest in the elderly age range, although there is an increasing number of chronically sick or disabled persons seeking respite from the monotony of a tied existence, or as a means of relieving their families temporarily from the burden of continuous care.

It is clear from the welfare services section of this report that there is a need to co-ordinate the services provided under the heading of convalescence with those provided for holidays or short-term care for the aged, infirm, and handicapped, for it is becoming increasingly difficult to place individual cases of physical handicap because of the shortage of suitable Homes.

The following tables show the numbers and age range of persons provided with convalescent holidays during the year :—

TABLE 38.

Applications received	304
accepted	281
not accepted	23
subsequently cancelled *	78
Sent to Hertfordshire Home	116
other homes	87
Mothers accepted with a child (or children)	8
Married couples sent away together	28
<i>* Cancellations.</i>	
Non-return of assessment form	17
Illness of patient, or in family	8
Made other arrangements	12
Cancelled by patients	27
Various other reasons	14

possible to introduce a small number of unemployable lower-grade cases without affecting the management of the hostels. These latter cases attend the Hemel Hempstead Adult Training Centre.

The transfer of responsibility for the provision of services in Barnet, East Barnet, and Potters Bar was carefully planned with the officers of the former Middlesex County Council, and was achieved with the minimum of inconvenience to the persons concerned, on 1st April, 1965. Arrangements were made for children requiring training facilities in Barnet and East Barnet to transfer to the Middlesex County Council training centre at Friern Barnet in January, 1965, following closure at that time of the Barnet Junior Training Centre, and they were thus settled in their new centre on the appointed day. As the new Welwyn Garden City Junior Training Centre could not be completed by this date, arrangements were agreed for cases from Potters Bar to continue in attendance temporarily at the Enfield Junior and Edmonton Adult Training Centres until their transfer to the new Welwyn Garden City Junior Training Centre in September, 1965, and the adults to the Welwyn Garden City Adult Centre in December. Responsibility for cases already placed from these areas in residential accommodation, prior to 1st April, 1965, automatically transferred to the new Authority on the appointed day.

Staff.

The recruitment of suitably qualified or experienced personnel for the rapidly-developing Local Authority Mental Health Service presents a national problem, and at the end of the year there were a number of vacancies on the Authority's establishment.

In the training centres, nine posts were unfilled in the establishment of seventy-three instructional staff. At Highfield Hostel, the deputy matron and assistant matron's posts were vacant at the end of the year, but it was possible to fill these early in 1966.

As regards the staff of mental welfare officers concentrating solely on social work in the community, the number increased from twenty-three to twenty-four, after allowing for five officers leaving and six new appointments being made. However, three of the officers who left transferred to other posts in the Council's Mental Health or related services, i.e. Mr. Ian Page was appointed County Social Work Supervisor, Mr. R. C. Lingham was appointed Divisional Welfare Officer, East Herts, and Miss A. Duxbury transferred full-time to the Herts Child Guidance Service. There was thus a net gain in the social workers engaged on the mental health and allied County services of four during the year.

TRAINING.

(a) Mental Welfare Officers.

During the year one mental welfare officer qualified as a psychiatric social worker, and one obtained her diploma in social science : both these officers had been seconded under the Authority's arrangements, to undertake the necessary full-time studies. One officer continued her studies on a two-year Younghusband course, and another commenced a similar course in September.

(b) Training Centre Staff.

Two officers successfully completed the two-year diploma course for teachers of the mentally handicapped, and three others were seconded to full-time courses commencing in September, 1965.

In-Service Training.

Dr. Patterson, Medical Superintendent of Napsbury Hospital, continued the courses for health visitors started there seven years earlier.

Dr. Torrie held a regular weekly case-conference with the mental welfare officers.

Short courses were organized for assistant County medical officers, mental welfare officers, and training centre staffs during the year, and in addition members of the staff attended other courses and conferences concerned with the various aspects of mental health.

LIAISON WITH HOSPITALS.

(a) *Mental Illness.*

With the process of decentralization of the administration of the domiciliary mental health services to divisional medical officers, arrangements have been agreed with the psychiatric hospitals serving the County to nominate one of their consultants to act as adviser to the divisional medical officer in mental health matters arising in their area. This arrangement does not affect the role of a particular psychiatrist in making recommendations to the Authority in respect of patients under his care.

(b) *Subnormality.*

Arrangements have been agreed with Dr. G. W. Fisher, Medical Superintendent, Cell Barnes Hospital, to hold regular outpatient clinics in Local Authority health centre premises. The bulk of Hertfordshire is in the catchment area for Cell Barnes Hospital, and in regard to the two areas served by other hospitals—i.e. East Herts—South Ockendon Hospital, and Royston U.D.C.—East Anglian Regional Hospital Board—Dr. Fisher has agreed to see cases from these areas, when requested to do so.

At the end of the year, a regular monthly clinic was being held in South-West Herts and in St. Albans. Plans were going ahead for a similar clinic to be held in the Mid Herts area by mid-1966.

Both the above arrangements bring the hospital staff in closer touch with the Local Authority services, and will help to increase still further the co-operation already existing between them.

COMMUNITY CARE.

At the end of 1965, 1,467 cases were in community care. This number was made up of 1,150 subnormal and 317 mentally ill persons.

Statistics of the Mentally Subnormal.

During the year 232 subnormal persons were added to the Authority's list of those in community care. These were referred from the following sources :—

TABLE 42.

General practitioners	8
Hospitals—	
On discharge from in-patient treatment	30
After or during out-patient treatment	33
Local Education Authority*	80
Police and courts	6
Other sources	75
Total	<u>232</u>

* Of the eighty cases referred by the Local Education Authority, fifty-three were children found unsuitable for education at school, and twenty-seven were school-leavers referred for community care after leaving school.

During the same period, 135 subnormal cases were removed from the community care list, for the following reasons :—

TABLE 43.

Supervision no longer necessary	49
Left County	32
Admitted to hospital	48
Died	6
Total	<u>135</u>

REPORT OF SENIOR PSYCHIATRIC SOCIAL WORKER.

Case Work with the Mentally Ill.

“In order that the figures may be comparable with those given in previous years, I will start with a review of the work done for the mentally disturbed in 1965. In fact this year's numbers are understated because it was decided that it was simpler to exclude those living in Barnet, who ceased to be our responsibility on 1st April. Even so, a total of 627 clients remained—an increase of exactly 100 over the 1964 figure—and of these fifty-two were re-opened cases and 298 were new to the department, compared with 307 newly referred the previous year.

Combining the new and re-opened cases, these 350 were referred as follows:—

TABLE 44.

Mental hospitals and psychiatric units	77
Spontaneous—patients and relatives	66
General practitioners	56
Out-patient clinics and day hospitals	47
Health visitors, nurses, and midwives	23
General hospitals	17
Medical officers	8
Child guidance clinics	8
Welfare officers	6
Ministry of Labour	6
Other local authorities	5
Other sources, referring less than five each	31
	<u>350</u>

A point worth noting is the marked increase of spontaneous referrals, in fact double the number for 1964. As co-operation is of the first importance in case work, and as this is usually harder to achieve with the mentally ill than with other clients, this is particularly gratifying. It is no doubt related to the calibre of the social workers, the quality of the service given and the establishment of local offices of easy access. I was interested to read that in a recently published pilot survey on probation by the Home Office Research Unit suggested factors making for success were the relatively large number of contacts between probation officers and probationers and a high degree of support and a low degree of control. I believe that such pointers may prove valid for us too, for our clients are not dissimilar. In both groups they tend to deviant behaviour—in our field neurotic and psychotic rather than anti-social—and they are predominantly adult, so that the case work needs to be geared to them personally.

Procedure for Evaluating Case Work.

For the last five years it has been the practice to record the details of each disturbed person accepted for case work together with the diagnosis or problem

and the reason for referral. This information is kept in a confidential register, which is the source of the figures already quoted.

At the end of the year each case is reviewed by the responsible social worker, usually in co-operation with the senior worker who has acted in a consultative capacity. A summary is then made indicating the degree of participation—number and regularity of visits and interviews—the practical arrangements made and the material help obtained, as well as a note of all the other agencies with whom we have been involved on the client's behalf. This stocktaking is a very useful opportunity to pause and reflect on what has been accomplished and what more is needed and is practicable. If it seems that for the time being a limit has been reached on what can be achieved, it is customary to close the case, without prejudice to its being re-opened should the client request this, or a new crisis arise or circumstances become more propitious for effective help.

One day these summaries may provide useful data for research, but in this report it will suffice to say that of the total of 627 cases, 326 were closed at the end of the year and 301 carried forward to 1966.

Apportionment of Time.

For a considerable time some of the mental health social workers have felt that however many new workers are appointed all tend to be swamped by their work with the mentally handicapped which snowballs to such an extent that the development of the case work for the mentally ill is seriously restricted. Traditionally the social workers have been required to do many routine tasks for the subnormal, which could probably be done equally well by others and would thus conserve the time of scarce case workers.

As it is the intention that in the combined Health and Welfare Departments our social workers should extend their help to further categories of people in need, it will be more important than ever to scrutinize their present functions and deploy them more productively. This will not be possible until their various duties are differentiated and evaluated.

Case Work for the Mentally Handicapped.

As a preliminary it was decided that as from 1st January, 1965, the case work for the mentally handicapped should be recorded and summarized annually in the same way as that done for the mentally ill.

It is of course appreciated that the administration must be cognizant of all the mentally handicapped in the County, so that adequate provision can be made for them and their future needs estimated, and a routine has been evolved which ensures just this. Ancillary services will also have to be laid on to facilitate the best use of what is provided. But it does not follow that continuous case work is either required, or indeed desired by all the handicapped and/or their families. For example, some parents may need very intensive case work before they are able to come to terms with their child's disability, but once the child is attending a training centre happily, it may be preferable for the social worker to keep in the background until perhaps the youngster's employability may need to be assessed, when further help may be sought. We want our case work in this field, as with the mentally ill, to form a service which can be accepted without loss of self-esteem.

It has been a formidable task differentiating the case work for the mentally handicapped from the other services provided for them, and then determining what was really required of the social worker and what had in fact been achieved by the end of the year, but we feel that a useful start has been made. It was found that the social workers were concerned with 1,063 such cases in 1965, and of these 736 were carried forward to 1966 and 327 closed, but generally not before

this was agreed with the clients, who, already assured of our concern, knew how to contact us again if they desired further help or support.

Combined Case Load.

All mental health social workers, including all the psychiatric social workers except myself, take a mixed case load of mentally handicapped and disturbed people. The combined statistics for both groups are as follows :—

TABLE 45.

<i>Mentally handicapped.</i>		<i>Closed.</i>	<i>Carried forward to 1966.</i>
New cases	232		
Re-opened cases	33		
Brought forward from 1964	798		
	— 1,063	= 327	+ 736
<i>Mentally disturbed.</i>			
New cases	298		
Re-opened	52		
Brought forward from 1964	277		
	— 627	= 326	+ 301
	<u>1,690</u>	<u>= 653</u>	<u>+ 1,037</u>

Distribution of Cases.

The distribution of the total case load is shown in the following table, and for interest the figures for the mentally handicapped and the mentally disturbed are given separately. Areas are listed in order of population.

TABLE 46.

<i>Area.</i>	<i>Mentally Handicapped.</i>	<i>Disturbed.</i>	<i>Total.</i>
Watford	251	151	402
East	183	155	338
St. Albans	163	60	223
North	207	149	356
Mid	156	46	202
Dacorum	103	66	169
	<u>1,063</u>	<u>627</u>	<u>1,690</u>

St. Albans, Mid-Herts, and Dacorum have remained the least propitious areas for the development of case work for the mentally ill.

My Own Contribution.

Ever since I was first appointed I have taken a small case load from whichever area seemed most in need of additional help. I would estimate that such social work accounts for about one-third of my time.

Certainly another third is spent in staff consultation and participation in in-service training projects. In the relatively new field of community care and particularly in view of the fact that our workers are drawn from different disciplines and are of very varying experience, and indeed include some newly embarked on a social work career, the built-in provision for individual case work

consultation has undoubtedly been wise. Some of the more senior workers seek such interviews as and when they see fit, but ten have regular sessions with me, while a further six are similarly linked to other senior case workers in the department.

To date I have made myself responsible for the maintenance of the case work register for the mentally ill, which furnishes some of the statistics required by the Ministry of Health. I have also helped the social workers to summarize their cases at the end of the year. When the group finally decided to register and evaluate the case work with the mentally handicapped similarly, I volunteered to incorporate the additional chore into the existing procedure. It has been very time consuming reviewing over 1,600 cases, and protracted, because it has had to be fitted in when the individual social workers can best spare time from their primary duties.

As the senior psychiatric social worker, I am necessarily also involved in meetings about policy, both centrally and locally, I interview many would-be recruits and am present at selection panels. Inevitably there is a certain amount of public speaking."

Training Centres.

At the end of the year 521 persons were in daily attendance at the Authority's training centres, including two out-County cases ; five Herts cases were attending voluntary centres within the County, and the Authority was also meeting the cost of training centre attendance elsewhere for eight cases boarded in other Counties. There were thus 534 cases attending training centres, under the Authority's arrangements, at the end of 1965, compared with 438 at the end of the previous year, an increase of ninety-nine.

The numbers attending the various establishments are given in the following table :—

TABLE 47.

<i>Centre.</i>	<i>Special care and nursery.</i>	<i>5-15 years.</i>	<i>16 years and over.</i>	<i>Total.</i>	<i>Total in 1964.</i>
<i>L.H.A. Centres.</i>					
Barnet Junior	—	—	—	—	(19)
St. Albans Junior	12	36	1	49	(—)
Hemel Hempstead Junior	2	22	2	26	(28)
Hemel Hempstead Adult	—	1	62	63	(49)
Hertford Adult Female	—	—	24	24	(35)
Hertford Adult Male	—	—	18	18	(25)
Hitchin Junior	9	36	28	73	(68)
St. Margaretsbury Junior	11	38	1	50	(43)
Watford Junior	12	52	1	65	(45)
Watford Adult	—	1	67	68	(57)
Welwyn Garden City Junior	20	36	—	56	(28)
Welwyn Garden City Adult	—	—	29	29	(—)
<i>Hospitals.</i>					
Cell Barnes	—	—	—	—	(19)
<i>Mental Nursing Homes.</i>					
St. Francis School, Buntingford	—	3	—	3	(4)
St. Raphael's, Barvin Park	—	—	—	—	(7)
Out-County	—	1	—	1	(1)
Voluntary organizations' centres	—	—	9	9	(10)
Total	66	226	242	534	(438)

The increase in the numbers in attendance was due mainly to the opening of the new purpose-built centres at St. Albans, Watford, and Welwyn Garden City for juniors, and at Watford for adults. The increase in the numbers in attendance at the purpose-built training centre in Hemel Hempstead—opened in the previous year—was continued, and the adult training centre at Handside Hall, Welwyn Garden City, opened towards the end of 1965, enabled the admission of cases on the waiting list in this part of the County, and also the transfer of cases from the Potters Bar area, who previously had attended the Edmonton Adult Training Centre.

The arrangement approved by the Committee in 1961 for boys in the Buntingford area to attend for daily training at St. Francis School, Buntingford, has been continued, and at the end of the year, three boys were attending there, thus avoiding the need to travel twelve miles daily to Stanstead Abbots, and also easing the position at the St. Margaretsbury Centre, which will be under pressure until the extensions, incorporating a special care and nursery unit, have been added.

Following the opening of the St. Albans Junior Training Centre, children from the St. Albans area who had previously attended for daily training at Cell Barnes Hospital were transferred to this Centre.

There were fourteen cases awaiting admission to training centres and arrangements were made for all these cases to commence attendance early in 1966.

Fifty-nine cases were discharged from the training centres during 1965 for the following reasons :—

TABLE 48.

Died	1
Left County	19
Readmitted to the educational system	4
Admitted to hospital or residential accommodation	21
Left to employment	8
Unsuitable—ill-health, behaviour, or irregular attendance	6
	—
	59
	—

Home Training.

At the end of the year, seventeen mentally-disordered persons (eleven subnormal and four mentally ill adults, and two subnormal children) were receiving regular visits from the occupational therapist. During the year, occupational therapy was discontinued in thirteen cases for the following reasons :—

TABLE 49.

Admitted to hospital	3
Admitted to training centres	5
No longer suitable	5
	—
	13
	—

Residential Accommodation—Long Term.

During 1965, ninety-seven mentally disordered persons were maintained in special homes or hostels, and the County Council was also responsible, in a further thirteen instances, for arrangements for persons placed in lodgings or with foster-parents. The following table gives details in regard to the numbers

maintained under these headings during 1965, and those continuing to be dealt with in this way at the end of the year :—

TABLE 50.

	<i>Mentally Ill.</i>	<i>Subnormal.</i>	<i>Total.</i>
<i>Nos. maintained in 1965.</i>			
In special homes or hostels .	26	71	97
In lodgings or foster-homes .	1	12	13
	<hr/> 27	<hr/> 83	<hr/> 110
<i>Nos. still away at the end of 1965.</i>			
In special homes or hostels .	14	56	70
In lodgings or foster-homes .	1	10	11
	<hr/> 15	<hr/> 66	<hr/> 81

There were thus twenty-nine cases discharged from residential accommodation during the year. The following table shows the reasons for discharge :—

TABLE 51.

<i>Mentally Ill.</i>	<i>Subnormal.</i>	
3	6	. . To employment.
4	1	. . Unco-operative or proved unsuitable.
5	7	. . Transferred to hospital.
—	1	. . Discharged to community care.
—	2	. . Lodgings supplementary allowance discontinued—self-supporting.
<hr/> 12	<hr/> 17	

Of the mentally subnormal cases maintained in residential accommodation, six were children who had been placed by the Authority in lieu of permanent hospital care, no hospital beds being available for them at the time. By the end of the year, two had been transferred to hospital, and responsibility for one other passed to the London Borough of Barnet on 1st April, 1965. The three other children remained in residential accommodation, and were making satisfactory progress.

In February, 1965, Highfield House, Hemel Hempstead—a hostel for employable adult subnormal females—was opened. The hostel at 29/31 Beaconsfield Road, St. Albans, opened two years previously, in 1963, continued to cater for employable adult subnormal males. During the year, twenty-nine Hertfordshire cases were admitted to these hostels, and eight out-County cases were also accepted : the respective Authorities were responsible for meeting the full cost of the accommodation provided in these latter cases. At the end of the year, there were eighteen Hertfordshire cases, and a further five out-County cases, in these hostels, making a total of twenty-three persons in residence.

Boarding-Out Scheme.

In addition to the provision of hostel care of mentally-disordered persons, the local authority has sponsored a scheme of boarding-out in private households, with a guaranteed payment to the householder of up to £6 per week.

The person boarded out is assessed to contribute towards the cost, according to income. So far the number of cases successfully boarded out under the scheme is small, and it cannot be regarded as an alternative to hostel care. It does

however, provide another method of placement in the community of handicapped people, who are in need of some degree of care and attention which might not be available in unselected lodgings.

Social Clubs.

Sixteen clubs for mentally disordered persons were meeting regularly by the end of the year, including two clubs opened during 1965—Link Club, Letchworth, for the mentally ill, and a nursery minding group for mentally handicapped children in Hemel Hempstead. The nursery minding group at Roe Hill House, Hatfield, run by the Hatfield Society for the Welfare of the Mentally Handicapped, closed, following the opening of the Welwyn Garden City Junior Training Centre in September, 1965, when arrangements were made for the children previously in attendance there to transfer to the special care and nursery unit at the training centre. This minding group had been run by the local society since 1962, and had given much-needed assistance to parents in caring for their mentally handicapped children.

Details of the clubs in operation at the end of 1965 are given in the following table :—

TABLE 52.

<i>Club.</i>	<i>Responsible Body.</i>	<i>Category.</i>
Link Social Club, Boreham Wood	H.C.C., in collaboration with Hill End Hospital.	Adult mentally ill (both sexes).
Subnormal Males Club, Hatfield .	Parish Youth Service.	Adult subnormal males.
Nursery Minding Group, Hemel Hempstead.	Hemel Hempstead Society for Mentally Handicapped Children.	Subnormal infants.
Hemel Hempstead Training Centre Club.	Hemel Hempstead Society for Mentally Handicapped Children.	Subnormal of all ages (both sexes).
Lea Valley Social Club, Hertford Heath.	H.C.C.	Adolescent mentally subnormal (both sexes).
Sunshine Club, Hertford . . .	Hertford Society for Mentally Handicapped Children.	Adult subnormals (both sexes).
New Link Club, Letchworth .	Letchworth Association for Mental Health.	Adult mentally ill (both sexes).
Pemberton Club, St. Albans .	St. Albans, Social Club for the Handicapped.	Adult physically handicapped and sub-normal (both sexes).
Link Club, St. Albans	H.C.C., in collaboration with Hill End Hospital.	Adult mentally ill (both sexes).
Horizon Club, Stevenage . . .	The Horizon Club	Adult mentally ill (both sexes).
Saturday Club, Stevenage . . .	Stevenage Society for Mentally Handicapped Children.	Subnormals of all ages (both sexes).
Cedars Club, Turnford	East Herts Association for Mental Health.	Adult mentally ill (both sexes).
Stepping Stones Club, Watford .	Watford Society for Mentally Handicapped Children.	Subnormals of all ages (both sexes).
Tuesday Club, Watford	H.C.C.	Adult subnormal males.
Corner Club, Watford	H.C.C., in collaboration with Napsbury Hospital.	Adult mentally ill (both sexes).
Tuesday Club, Welwyn Garden City.	The Tuesday Club	Adult mentally ill (both sexes).

Grants were made by the County Council towards the running costs for the Tuesday Club at Welwyn Garden City, the Saturday Club, Stevenage, and the Roe Hill House Nursery Group, Hatfield, during the year. They had also approved in principle the payment of a grant to the Hertford Society towards the running expenses of the Sunshine Club, Hertford. A capital grant was made to the Watford Society for Mentally Handicapped Children towards the cost of

adaptations of Table Hall, Oxhey—premises offered to the Society for use as a social centre for the mentally handicapped.

The Link Social Clubs at Boreham Wood and St. Albans are run in collaboration with Hill End Hospital. In addition to providing accommodation for the clubs, the County Council has accepted responsibility for payment of the hospital occupational therapist whilst engaged in the organization and running of these.

Admissions to Hospital.

There was no change in the hospital admission arrangements for the mentally ill during the year. East Herts cases continued to be admitted to the Psychiatric Unit at the Herts and Essex Hospital, Bishop's Stortford, or Severalls Hospital, Colchester—the latter remaining the main catchment hospital for mentally ill patients from this part of the County. There was no waiting list for the admission of the mentally ill to hospital.

Waiting lists have continued to be kept by the Authority for mentally subnormal persons requiring hospital care, in order to advise the Regional Hospital Boards on the relative priority of cases when vacancies occur. The waiting list at the end of the year was forty-nine, compared with forty-seven at the end of the previous year. The following tables shows the distribution of this waiting list at 31st December, 1965 :—

TABLE 53.—INSTITUTIONAL WAITING LIST AS AT 31st DECEMBER, 1965.

	Regional Hospital Boards						Total
	N.W. Metropolitan		N.E. Metropolitan		East Anglian		
	Under 16 years	16 years and over	Under 16 years	16 years and over	Under 16 years	16 years and over	
Male	19	3	4	3	—	—	29
Female	13	2	4	1	—	—	20
	32	5	8	4	—	—	49

Forty-seven subnormal patients were admitted to hospital during 1965 (twenty children and twenty-seven adults). Thirty-nine of these were admitted informally and eight were detained in hospital under the Mental Health Act, six by order of the courts, and two on application by mental welfare officers. Arrangements were also made for 103 cases of subnormality to receive short-term care, eighty-four by admission to hospital and nineteen in residential accommodation. The age groups of these are given in the following table.

TABLE 54.—SHORT STAY CASES, 1965.

	Aged 0-5	Aged 6-10	Aged 11-15	Aged 16 and over	Total
To hospitals	19	26	7	32	84
To residential accommodation	1	4	4	10	19

Formal Admissions.

Compulsory action is seldom necessary when dealing with persons suffering from subnormality and severe subnormality, and their admission to hospital is usually arranged on an informal basis. As mentioned in the preceding section, six cases of subnormality were detained in hospital, under the Mental Health Act, by order of the courts, during 1965, and two cases were detained on applications by mental welfare officers. The Divisional Welfare Officers and their

assistants, who are also appointed mental welfare officers by the Authority, were responsible for dealing with the bulk of requests for mentally ill patients' compulsory admission to psychiatric hospitals. During 1965, 396 patients were admitted to hospital as either statutory or informal patients, following action by a mental welfare officer, compared with 440 in the previous year. This continued the trend for the number of patients so dealt with to fall which in 1963 had numbered 481. In the following table, the number of actions taken by the officers in 1965 is given, with the 1964 figures in brackets :—

TABLE 55.

		Action by:—			
		Relative			
		Mental Welfare Officer.	assisted by M.W.O.	Total.	
(1)	<i>Informal Patients direct to Hospital</i>	48 (62)	1 (5)	49 (67)	
	Hospitals are no longer required to notify Local Health Authorities of admissions. In all the cases shown, the Mental Welfare Officers were consulted, and the patients were subsequently admitted to hospital informally.				
(2)	<i>Emergency Admissions—Section 29</i>	305 (292)	61 (68)	366 (360)	
	Under Section 29, in case of urgent necessity, patients may be detained up to 72 hours in hospital, on an application by either a Mental Welfare Officer or any relative : the application has to be supported by one medical certificate.				
(3)	<i>Admission for Observation—Section 25</i>	182 (108)	15 (4)	197 (112)	
	Under Section 25, a patient may be detained for up to 28 days in hospital. The application has to be supported by two medical certificates—one given by a practitioner having special experience in the diagnosis or treatment of mental disorder. The application may be made for a patient in community care or one already in hospital, the latter including informal patients, emergency admissions under Section 29, informal patients made statutory for up to 72 hours by the Hospital Medical Officer (Section 30), or in places of safety (Section 135 or 136).				
	The circumstances in which the 197 cases were dealt with under Section 25 during the year is given in the following table :—				
	(a) Direct to hospital	50	(9)		
	(b) Following informal admission	27	(14)		
	(c) Following detention (Section 29)	51	(41)		
	(d) Following detention (Section 30)	43	(23)		
	(e) Following detention (Section 136)	23	(25)		
	(f) Following detention (Section 135)	3	(—)		
		197	(112)		
(4)	<i>Admission for Treatment—Section 26</i>	53 (58)	6 (13)	59 (71)	
	Patients may be detained under Section 26 for an indefinite period, subject to the renewal of the authority at the intervals laid down in the Act.				
	The following table shows the circumstances in which patients were dealt with under Section 26 during the year :—				
	(a) Direct to hospital	2	(12)		
	(b) Following informal admission	10	(8)		
	(c) Following detention (Section 25)	35	(33)		
	(d) Following detention (Section 29)	6	(11)		
	(e) Following detention (Section 30)	1	(5)		
	(f) Following detention (Section 136)	5	(2)		
		59	(71)		

		Action by:—			
		Relative			
		Mental Welfare Officer.	assisted by M.W.O.	Total.	
(5)	<i>Hospital Orders by Courts</i>	5	(2) — (—)	5	(2)
The Local Health Authority is not directly involved when persons before the Courts are dealt with under the Mental Health Act, though a Mental Welfare Officer may be ordered by a Court to convey a patient to a hospital named in a Court Order.					
(6)	<i>Other actions.</i>				
	Patients returned to hospital from leave	10	(4) — (—)	10	(4)
(7)	<i>Consultations by Mental Welfare Officers, following which Patients not admitted to Hospital.</i>				
	(a) Informal	47	(51) (—) 1	47	(52)
	(b) Under Section 136	3	(3) — (—)	3	(3)
Section 136 permits a constable to remove to a place of safety a person who appears to be suffering from mental disorder and to be in immediate need of care and control. The person may be detained in the place of safety for up to 72 hours, to enable him to be seen by a Medical Practitioner and interviewed by a Mental Welfare Officer, with a view to any necessary arrangements being made for his treatment or care.					
(8)	<i>Application discontinued</i>	20	(28) — (—)	20	(28)

Guardianship.

Guardianship does not confer extra powers to provide services and its use is confined to the small group of cases where it is necessary to exercise powers of control, e.g. over the patient's place of residence and his everyday life. One case ordinarily resident in Potters Bar, and subject to the guardianship of the Middlesex County Council, was transferred to guardianship of the Hertfordshire County Council on 1st April. One case, hitherto under the guardianship of Hertfordshire County Council, was transferred to the guardianship of the London Borough of Richmond-on-Thames, on removal to the area of that Authority. No new cases were made subject to guardianship during the year, and at the end of the year there were seven cases subject to guardianship (four males and three females), the same number as at the end of the previous year.

In addition to being visited regularly by the mental welfare officers, cases under guardianship are visited once a year by a medical officer having special experience in the diagnosis or treatment of mental disorder.

Mental Nursing Homes and Residential Homes.

The County Council is the registration authority, under the Mental Health Act, for mental nursing homes and residential homes. Details of the registration of mental nursing homes registered with the County Council are given below :—

<i>Home.</i>	<i>Maximum no. of patients to be accommodated.</i>
St. Raphael's, Barvin Park, Nr. Potters Bar.	30 males suffering from subnormality, aged 16 years or over. 46 males suffering from severe subnormality, aged under 16 years. 74 males suffering from severe subnormality, aged 16 years or over.
* St. Elizabeth's Home, Much Hadham.	30 females suffering from subnormality, aged 16 years or over. 78 females not suffering from mental disorder, aged 16 years or over.
St. Francis School, Buntingford.	50 males suffering from severe subnormality, aged 7–16 years.

* All patients at this Home are epileptic.

assistants, who are also appointed mental welfare officers by the Authority, were responsible for dealing with the bulk of requests for mentally ill patients' compulsory admission to psychiatric hospitals. During 1965, 396 patients were admitted to hospital as either statutory or informal patients, following action by a mental welfare officer, compared with 440 in the previous year. This continued the trend for the number of patients so dealt with to fall which in 1963 had numbered 481. In the following table, the number of actions taken by the officers in 1965 is given, with the 1964 figures in brackets :—

TABLE 55.

		Action by:—		
		Relative		
		Mental Welfare Officer.	assisted by M.W.O.	Total.
(1) <i>Informal Patients direct to Hospital</i>		48 (62)	1 (5)	49 (67)
Hospitals are no longer required to notify Local Health Authorities of admissions. In all the cases shown, the Mental Welfare Officers were consulted, and the patients were subsequently admitted to hospital informally.				
(2) <i>Emergency Admissions—Section 29</i>		305 (292)	61 (68)	366 (360)
Under Section 29, in case of urgent necessity, patients may be detained up to 72 hours in hospital, on an application by either a Mental Welfare Officer or any relative : the application has to be supported by one medical certificate.				
(3) <i>Admission for Observation—Section 25</i>		182 (108)	15 (4)	197 (112)
Under Section 25, a patient may be detained for up to 28 days in hospital. The application has to be supported by two medical certificates—one given by a practitioner having special experience in the diagnosis or treatment of mental disorder. The application may be made for a patient in community care or one already in hospital, the latter including informal patients, emergency admissions under Section 29, informal patients made statutory for up to 72 hours by the Hospital Medical Officer (Section 30), or in places of safety (Section 135 or 136).				
The circumstances in which the 197 cases were dealt with under Section 25 during the year is given in the following table :—				
(a) Direct to hospital	50 (9)			
(b) Following informal admission	27 (14)			
(c) Following detention (Section 29)	51 (41)			
(d) Following detention (Section 30)	43 (23)			
(e) Following detention (Section 136)	23 (25)			
(f) Following detention (Section 135)	3 (—)			
	197 (112)			
(4) <i>Admission for Treatment—Section 26</i>		53 (58)	6 (13)	59 (71)
Patients may be detained under Section 26 for an indefinite period, subject to the renewal of the authority at the intervals laid down in the Act.				
The following table shows the circumstances in which patients were dealt with under Section 26 during the year :—				
(a) Direct to hospital	2 (12)			
(b) Following informal admission	10 (8)			
(c) Following detention (Section 25)	35 (33)			
(d) Following detention (Section 29)	6 (11)			
(e) Following detention (Section 30)	1 (5)			
(f) Following detention (Section 136)	5 (2)			
	59 (71)			

	<i>Action by:—</i>				<i>Relative</i>	
	<i>Mental Welfare Officer.</i>	<i>assisted by M.W.O.</i>	<i>by</i>	<i>Total.</i>		
(5) <i>Hospital Orders by Courts</i>	5	(2)	— (—)	5	(2)	
The Local Health Authority is not directly involved when persons before the Courts are dealt with under the Mental Health Act, though a Mental Welfare Officer may be ordered by a Court to convey a patient to a hospital named in a Court Order.						
(6) <i>Other actions.</i>						
Patients returned to hospital from leave	10	(4)	— (—)	10	(4)	
(7) <i>Consultations by Mental Welfare Officers, following which Patients not admitted to Hospital.</i>						
(a) Informal	47	(51)	(—) 1	47	(52)	
(b) Under Section 136	3	(3)	— (—)	3	(3)	
Section 136 permits a constable to remove to a place of safety a person who appears to be suffering from mental disorder and to be in immediate need of care and control. The person may be detained in the place of safety for up to 72 hours, to enable him to be seen by a Medical Practitioner and interviewed by a Mental Welfare Officer, with a view to any necessary arrangements being made for his treatment or care.						
(8) <i>Application discontinued</i>	20	(28)	— (—)	20	(28)	

Guardianship.

Guardianship does not confer extra powers to provide services and its use is confined to the small group of cases where it is necessary to exercise powers of control, e.g. over the patient's place of residence and his everyday life. One case ordinarily resident in Potters Bar, and subject to the guardianship of the Middlesex County Council, was transferred to guardianship of the Hertfordshire County Council on 1st April. One case, hitherto under the guardianship of Hertfordshire County Council, was transferred to the guardianship of the London Borough of Richmond-on-Thames, on removal to the area of that Authority. No new cases were made subject to guardianship during the year, and at the end of the year there were seven cases subject to guardianship (four males and three females), the same number as at the end of the previous year.

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Mental Nursing Homes and Residential Homes.

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* St. Elizabeth's Home, Much Hadham.	30 females suffering from subnormality, aged 16 years or over. 78 females not suffering from mental disorder, aged 16 years or over.
St. Francis School, Buntingford.	50 males suffering from severe subnormality, aged 7–16 years.

* All patients at this Home are epileptic.

At all the above homes, mentally disordered persons may be detained under the Mental Health Act.

In the case of the two residential homes previously registered with the County Council under the Mental Health Act, both in East Barnet, responsibility for their registration passed to the London Borough of Barnet, under the London Government Act, on 1st April, 1965.

Visits of inspection to mental nursing and residential homes are paid regularly by the Authority's officers.

At the end of the year the County Council, as Local Health Authority, was maintaining one adult female at St. Elizabeth's Home, Much Hadham, and five boys at St. Francis School, Buntingford.

Appendix.

In the following appendix, comparative figures are given on various aspects of the Mental Health Service, as at 31st December, during the past six years :—

APPENDIX

TABLE 56.— COMPARATIVE FIGURES

	1960.	1961.	1962.	1963.	1964.	1965.
These figures relate to numbers dealt with throughout the year.						
<i>Temporary admissions, to relieve families, in year.</i>						
(a) to hospitals	71	64	64	61	68	84
(b) elsewhere	1	3	5	9	23	19
<i>New referrals for community care in year.</i>						
Mentally ill	89	210	218	345	322	352
Mentally subnormal	213	219	196	256	244	232
	<u>302</u>	<u>429</u>	<u>414</u>	<u>601</u>	<u>566</u>	<u>584</u>
These figures relate to the numbers "active" at 31st December.						
<i>Numbers receiving community care.</i>						
Mentally ill	80	170	257	327	303	317
Mentally subnormal	996	982	973	1,057	1,092	1,150
	<u>1,076</u>	<u>1,152</u>	<u>1,230</u>	<u>1,384</u>	<u>1,395</u>	<u>1,467</u>
<i>Number in residential accommodation.</i>						
Mentally ill	2	2	7	8	6	15
Mentally subnormal	8	19	25	46	61	66
<i>Numbers receiving training and hospital waiting list.</i>						
Attending training centres	244	261	324	303	438	534
Receiving home training	14	—	23	18	16	17
Subnormal hospital waiting list	43	49	41	42	47	49
Numbers at 31st December.						
<i>Full-time training centres for</i>						
Under 16's	5	5	2	3	4	5
All ages	—	—	4	3	2	1
Aged 16 and over	1	1	2	3	4	5
<i>Social clubs (numbers for voluntary organizations in brackets) for</i>						
Under 16's	—	—	—	1 (1)	1 (1)	1 (1)
All ages	2 (2)	3 (3)	3 (3)	4 (4)	5 (4)	4 (3)
Aged 16 and over	2	4 (2)	8 (4)	9 (5)	11 (5)	11 (7)
	<u>4 (2)</u>	<u>7 (5)</u>	<u>11 (7)</u>	<u>14 (10)</u>	<u>17 (10)</u>	<u>16 (11)</u>
<i>Staff.</i>						
(a) Training Centres.						
Supervisors (qualified)	6	7	8	9	9	11
Assistant supervisors (number qualified in brackets)	17 (2)	20 (2)	24.3 (5)	33 (12)	39 (16)	53 (25)
	<u>23</u>	<u>27</u>	<u>32.3</u>	<u>42</u>	<u>48</u>	<u>64</u>
(b) Mental Welfare Officers, excluding Welfare Dept.						
Senior social workers	2	3	3.8	5.8	4.26	4.76
Social workers	8	9.9	12.2	12	18	18.79
	<u>10</u>	<u>12.9</u>	<u>16</u>	<u>17.8</u>	<u>22.26</u>	<u>23.55</u>

SOCIAL WORK SUPERVISOR'S REPORT

" I was appointed in April to prepare the ground for the establishment of social work units in each of the six divisions and to further and co-ordinate training facilities for all the social workers in the newly combined department. The importance of this appointment was that for the first time, in either the Health or Welfare Departments, it was recognized that a professional caseworker should be in a position to influence policy and help to work out necessary administrative changes within the ever widening field of social work undertaken by the County Council. I constantly remind myself that the development of teams of highly skilled social workers in a well administered department has a purpose which should not be lost sight of, namely, to produce a better service for those individuals and families where mental illness, subnormality, physical handicap and old age create personal and interpersonal difficulties which cannot be faced unaided.

Such a service is maintained and improved by trained staff. Until now this has been achieved sectionally by specialized social workers who have evolved their own administrative procedures and provided built-in support for their colleagues. In the Mental Health Service, the supervision given by Miss Thomas, the senior psychiatric social worker, together with the consultation offered by Dr. Torrie have ensured a continuous learning process for all staff as well as democratic support for social workers in an unstructured section. Miss Thorold provided a similar service for home teachers of the blind and the Rev. Christie for social workers for the deaf. By contrast, in the Welfare Service, structure had been historically determined by inherited hybrid functions, many of which were not social work oriented so that there was only time for investigation and emergency duties to be undertaken, making it impossible for those who wished to establish longer relationships with clients to do so. Inevitably, in combining these disparate groups, the pace of change would need to be slow. Divisional social workers, with administrative as well as casework responsibilities, will be able to accelerate divisionally the changes which have been initiated centrally.

Particular group learning projects have been originated during the year. In October I started an in-service training course for ten social workers from the combined department. I now prefer to regard this as an Introductory Course so that it is not confused with formal professional training which it is not intended to replace. It was designed to improve communication between staff who had previously worked in separate sections and so increase their casework contribution. The group met initially for eight days to examine administrative as well as casework processes both in our own department and in other agencies. Subsequently we met fortnightly to continue these discussions and to visit appropriate institutions and agencies. We studied normal and not so normal family situations and their influences on the behaviour of the handicapped. The course will last for nine months, which seems an appropriate period, and will be repeated annually for new entrants. In future I hope to provide casework supervision by skilled staff for all those attending the course in addition to the group teaching.

Training is not the prerogative of the new entrant. All members of staff have been offered opportunities to continue their learning individually or in groups at local or national level. An increasing number are taking advantage of these opportunities. Mr. Lake was the first welfare officer to be seconded for professional training and it is hoped that two more welfare officers will be offered places on training courses in 1966. Two mental health social workers will also be seconded for further training. I have been greatly helped by working party reports from social workers who continue to influence policy in most effective ways. I have also attended a number of local, regional, and national discussions about training and development which have helped to stimulate my thinking. Discussions within the County have been planned for next year so that various seminars for senior staff, specialist groups and voluntary workers can be started.

These are only a few examples of developments which are taking place but will indicate how social workers at all levels are contributing to the production of a better service for the client.

Individual social workers need to fit comfortably into divisional social work units if their team contribution is to be optimal. In most divisions, I have held regular meetings of social workers from the various sections of the combined department so that we may develop integrated policies. Future meetings will be conducted by divisional social workers who will use the staff meeting to decide which member of the team, whether specialist or generic worker, should accept responsibility for a particular client who has been appropriately referred to the department. In 1965 I was only able to start people talking and thinking together. A constant theme was our need in each team for good secretarial staff and for good accommodation. These deficiencies were highlighted in the results of a time study carried out in June with the co-operation of all social workers. It was clearly shown that extremely good social work is being done but often in spite of inadequate working conditions and at the expense of personal leisure. The public, whom we are employed to serve, must be given good reception and interview facilities if they are to use social work help constructively. If our staff are to return refreshed each day to what is undoubtedly a very exacting job, we must pay them well and ensure that they have the best possible working conditions.

This has been a year when training and social administration have been reviewed so that improvements can be made. A flexible social work staff development programme is evolving containing the following basic elements : (i) recruitment procedures, influenced by senior social workers, designed to attract the best possible staff to the department ; (ii) divisional teams, led by professionally trained social workers who are administratively capable, staffed by trained social workers and offering good career prospects ; (iii) conditions of work and salaries which are competitive and units which are provided with good secretarial and reception facilities so that teams may function efficiently ; (iv) generic as well as specialist workers in each team in order that a wider range of work may be undertaken ; (v) continued learning opportunities for individuals and groups at all levels, for both administrative and social work staff ; (vi) secondment of staff for further professional training ; (vii) future planning influenced by all staff to reconcile the supply of social workers (and consequently the supply of secretarial staff) with the demands made on the service ; (viii) supervision or consultation for all social workers ; (ix) easy communication between all staff to ensure effective teamwork ; (x) experiment and research, which are just as possible within a local authority department as in an independent agency, providing information which is useful in formulating County policy.

Such a staff development programme should help us to discover how administration can best facilitate casework in the Health and Welfare Department."

HOME HELP SERVICE.

With the formation of the London Borough of Barnet, the home help organizer for Barnet, her assistant, two clerks and a staff of about 100 home helps were transferred from this County. Similarly, with the transfer of Potters Bar into Hertfordshire, eight home helps working in that district joined the staff of the organizer of the Mid Herts Division.

During the year, the establishment of assistant organizers was increased by one and this brought the organizing staff in the County to twelve organizers and seven assistant organizers.

Growth of the Service.

The figures given below exclude Barnet, and this should be borne in mind in any comparison with previous years. It will be observed that, since 1961, the number of hours per case per week has steadily decreased, and the number of cases per (full-time) home help has increased. Even allowing for boundary changes, the equivalent number of full-time home helps has dropped this year for the first time.

Tables 57 and 58 give statistics in a similar form to that presented in previous years, but Table 59 shows the categories helped expressed as percentages of total number of cases and of total hours worked.

TABLE 57.—CASES HELPED DURING 1965.

	Tuber- culosis	Chronic sick	Blind	Acute illness	Acci- dents	Miscel- laneous	Maternity and nursing mothers	Mental illness	Total
Persons of pen- sionable age	20	3,402	119	52	10	2	—	12	3,617
Other cases .	34	605	32	516	33	19	1,131	39	2,409
Totals . .	54	4,007	151	568	43	21	1,131	51	6,026

In addition to the above, 114 cases were given the services of a good neighbour.

TABLE 58.—HOUSEHOLDS ATTENDED DURING 1965.

Cases helped during year	Cases current at :		Average weekly hours, Dec., 1964	EQUIVA- lent No. of full- time Home Helps	Average weekly hours, Dec., 1965	EQUIVA- lent No. of full- time Home Helps	No. of Organizers and Clerks					
							Dec., 1964			Dec., 1965		
	1.1.65	31.12.65					Full- time	Part- time	EQUIVA- lent full- time	Full- time	Part- time	EQUIVA- lent full- time
6,026	3,061	3,235	14,652	348.9	14,637	348.5	19	10	23.9	20	12	25.6

TABLE 59.

	No. of cases. %	Amount of help. %
Mental illness . . .	0.8	0.7
Maternity . . .	18.8	4.9
Tuberculosis . . .	0.9	1.3
Chronic illness . . .	66.5	84.6
Blindness . . .	2.5	4.1
Acute illness . . .	9.4	3.3
Accidents . . .	0.7	0.3
Miscellaneous . . .	0.4	0.8
Percentage of Old Age Pensioners . . .		60.02.

It will be observed that while two-thirds of the cases are chronic, these take up five-sixths of home help time.

Charges for the Service.

Although during the year the maximum charge for the service was increased to 5s., the County Council revised the standard assessment scale, and, at the same time, National Assistance allowances were increased. These factors had the effect of making the scale more generous overall, and, in many cases charges were reduced. This situation is reflected in the reduced number of cases dealt with on appeal, i.e. twelve appeals in 1965 compared with thirty-three in 1964, and twenty-five in 1963.

No charge is made by the County Council for the services of a home help where the recipient receives National Assistance.

Recruitment.

Difficulty continues both in the recruitment and in the retention of home helps. Concern has been felt at the high leaving rate which has been about 40 per cent per annum over the last three years. In an endeavour to attract new home helps and retain existing staff, the following measures have been taken :—

Recruitment Campaign.—A Recruitment and Information Drive was held in Dacorum division for a week during April. Arrangements were made divisionally for a new Dormobile van to be hired for use as a reception centre. This was sited in different parts of the division each morning and afternoon, the organizer being in attendance to deal with inquiries. For the purpose of this campaign, a recruitment poster and handbill were designed in the Department, and a series of seventeen photographs entitled “ Home Helps at Work ” was produced for exhibition.

(The recruitment poster, which was designed to be used in a block of three colours, attracted interest outside the County, and, subsequently, permission was granted to the Institute of Home Help Organizers to adopt it as a national home help recruitment poster.)

In the week preceding the Home Help Week in Dacorum, articles and advertisements appeared in the local press, posters were exhibited in many parts of the division, handbills were distributed through various channels, and the photographs were on view in libraries and clinics.

Although the immediate result of the campaign was seven recruits, it was felt that considerable publicity had been given to the need for more home helps and to the work of this service. The posters continue to be exhibited in other parts of the County, as required, photographs are used during talks and discussion group meetings and plans for organized recruitment drives in other divisions are being considered.

(A photograph of the recruitment van is shown opposite and a selection from “ Home Helps at Work ” facing page 73.)

Travelling Expenses.—Approval was given to the payment of all travelling expenses incurred by home helps in getting to and from households. This is additional to payment of certain travelling time which is made to home helps in respect of journeys in connection with their work.

Guaranteed Workers.—It was agreed that all home helps prepared to work regularly for at least twenty hours a week shall be guaranteed payment for the hours they agree to work. Home helps who become guaranteed workers may, subject to certain conditions enter the County Council's superannuation scheme.

Motorized Transport for Home Helps.

There are a number of home helps in the County who receive payment for the use of their own cycle on journeys in connection with their work, and some who have a bicycle provided for them for this purpose. It has nevertheless, at times, proved difficult to provide help to homes not readily accessible by public



RECRUITMENT VAN AND POSTER.



HOME HELP AT WORK.

transport. To ease this situation approval was given to the official use of motorized transport by home helps, subject to certain conditions.

Training.

Organizers.—During the year consideration was given to extending to organizers certain in-service training. Two organizers were invited to join in the County Social Work Study Group but, owing to pressure of work, only one was able to take part. The organizer concerned found the study group most helpful for organizers.

Arrangements were also made to form a County Discussion Group, and organizers will attend a series of meetings for this purpose at the Health Education Centre in the spring of next year.

Home Helps.—The County Training Scheme for home helps which comprises local discussion group tuition, a general training course and a short advanced course, was further developed this year by arranging training courses divisionally. Except where accommodation was not available, these were held in colleges of further education. Helpful co-operation was received from the colleges who provided lecturers for the domestic science sessions. Divisional medical officers also gave active support to these courses which were supervised by the organizers. As all divisions held their training courses between the months of October and December it became necessary to defer the Central Advanced Course until next spring.

Central Newsletter to Home Helps.

The introduction last year of a *Newsletter* to home helps was followed by the issue of *Newsletter*, No. 2, this year, and every home help received a copy. It is felt that through the *Newsletter* home helps are made aware of the different facets of the service, and greater unity is engendered among them by conveying news of their Service to them all in the same form, and at the same time.

Long-Service Badges.

The five-hundredth badge to be awarded for long service in the County was presented this year at the annual badge ceremony for home helps held at County Hall, at which Mrs. I. D. Paterson, J.P., Vice-Chairman of the County Council, and Chairman of the Health and Welfare Committee presided, and Mr. L. G. Bretton, Chairman of the Domiciliary Services Sub-Committee of the Health and Welfare Committee presented the badges.

Fifty-three home helps qualified for long service badges this year, twenty-three having completed ten years' service, and thirty having completed five years. Forty home helps attended at County Hall to receive their badges.

Good Neighbour Service.

While the number of good neighbours employed remains the same, the work of this service continues to play a helpful part in the care of the aged. The close, and in many cases, daily contact between good neighbour and patient is particularly successful where mutual tolerance and understanding exists. The relationship built up in this way is of great value to the elderly, many of whom turn to their good neighbour as to a friend.

Night Sitter-in Service.

No night sitters were called on for duty during the year but the service is available when required.

WELFARE SERVICES.

REPORT OF COUNTY WELFARE OFFICER.

WELFARE OF HANDICAPPED PERSONS.

The County Council as welfare authority under the National Assistance Act, 1948, is responsible for arrangements for promoting the welfare of persons who are blind, deaf or dumb, and of other persons who are substantially and permanently handicapped by illness, injury or congenital deformity. The Council can provide the services directly or through the agency of voluntary organizations.

BLIND PERSONS.

In providing its services for the blind the County Council has worked in co-operation with the Hertfordshire Society for the Blind to which it has seconded its Home Teachers for the Blind. The Council makes a grant towards the administration expenses of the Society, and assists with the running costs of the Society's home for the blind at St. Audrey's, Hatfield.

The following services for the blind are provided by or in conjunction with the Hertfordshire Society for the Blind.

Registration.

The County Council has to maintain a register of blind persons. All applicants for registration have to be examined by an ophthalmologist who provides a report which is used as a basis for registration and the subsequent case record of the blind person. The registration details are collated by the Hertfordshire Society for the Blind and reported to the Southern Regional Association for the Blind as agents for the Ministry of Health. The Regional Association summarizes and analyses the statistics of the local authorities in the region in order to provide information which can be used as a basis for research, and for identification of future needs.

For the purpose of registration and the attendant services a blind person is defined as one who is so blind as to be unable to perform any work for which eyesight is essential. The emphasis here is on "any work" and not on the person's own occupation.

At the end of the year there were 1,468 registered blind persons in the County, and Table 60 gives their distribution in age groups compared with those of previous years at five-yearly intervals. It will be seen that whereas the number of persons of working age has remained constant and the under-sixteen group has risen in proportion to the increase in population, the over-sixty-five age group has almost doubled. This is surely a reflection of the increasing number of aged in the population as well as the fact that blindness in old age is now often ascertained at an earlier stage than was previously the case.

The breakdown in age groups for the year is given in greater detail in Table 61 :—

TABLE 60.

Year	0-15	16-64	65+	Total
1950 . .	33	410	525	968
1955 . .	37	413	776	1,226
1960 . .	47	429	938	1,414
1965 . .	46	418	1,004	1,468

TABLE 61.— AGE IN YEARS

	0	1	2	3	4	5-10	11-15	16-20	21-29	30-39	40-49	50-59	60-64	65-69	70-79	80-84	85-89	90 and over	Un-known	Total
Male .	—	6	—	2	2	10	11	10	17	30	51	68	41	46	121	64	55	25	—	559
Female .	—	—	2	—	3	5	5	9	11	21	43	67	50	62	256	149	154	72	—	909
Total .	—	6	2	2	5	15	16	19	28	51	94	135	91	108	377	213	209	97	—	1,468

Home Teachers.

The duties of the home teachers are :—

- (i) Discovery of blind persons and ascertainment of their needs.
- (ii) To visit them in their homes and elsewhere.
- (iii) Where practicable to teach them to read embossed literature, i.e. Braille and Moon.
- (vi) Instruction in handicrafts and pastime occupation, and assisting them to sell their products.
- (v) To teach them to overcome the effects of the blindness as far as possible.
- (vi) To organize social centres and handicraft classes. (There are thirteen social centres and eight handicraft classes in the County.)
- (vii) Generally looking after the welfare of the blind persons in their care.
- (viii) Helping blind children and advising their parents.

In addition the home teacher may, in conjunction with the welfare officers for the deaf, have to help the doubly handicapped deaf-blind.

There are at present ten qualified home teachers in the employ of the County Council, and this number is being increased as circumstances permit, in the face of a national shortage of such officers.

Aids.

Blind persons can be issued with aids to help them overcome their disability such as white walking sticks, braille watches, games, typewriters, etc., and these are usually provided by the Hertfordshire Society for the Blind.

Wireless Telegraphy Acts, 1949 and 1955.

A blind person may receive a wireless licence without paying a fee, or a combined wireless and television licence for £1 less than the usual fee on production of a certificate issued by the County Council that he is a registered blind person. During the year 180 certificates were issued which remain in force for the life-time of the blind person or until he ceases to be registered owing to improvement of sight.

Radios.

The issue of free radios and their repair is administered by the Society.

The National Library for the Blind.

This library has a comprehensive selection of books, similar to that of a good general library, in embossed type, Braille or Moon, which are sent post free to any blind person who wishes to receive this service. Ninety blind persons in the County use this service in respect of which a capitation grant is paid to the library. The library provides a similar "Talking Book" service in which tape cassettes are supplied for use with specially designed tape machines.

Rehabilitation and Employment of Blind Persons.

Before the last war it was generally assumed that the employment of a blind person must be restricted to the traditional crafts. Since then, in the face of man-power shortages many blind persons have been trained successfully for entry into normal open employment and this is now the primary aim in the rehabilitation of potentially employable blind persons. In doing this the County Council, home teachers, and various voluntary bodies co-operate with the Ministry of Labour's Blind Persons' Resettlement Officer.

At the end of the year there were 171 blind persons employed under ordinary open conditions as shown in the following table:—

TABLE 62.—EMPLOYMENT UNDER ORDINARY CONDITIONS.

GROUP I.— <i>Professional, Technical, Administrative and Executive Workers, Managerial Workers.</i>	
(1) Masseurs and Physiotherapists	1
(2) Lecturers, Teachers, Instructors (including Craft Instructors)	2
(3) Clergy and members of Religious Orders	1
(4) Barristers, Solicitors, and related workers	2
(5) Musicians (including Music Teachers)	2
(6) Social, Welfare, and related workers (including Placement Officers)	2
(7) Proprietors, Managers, and Executive Workers in Industry and Commerce	1
(8) Others workers in Group I (n.e.c.)	3
GROUP II.— <i>Clerical and Related Workers.</i>	
(1) Typists, Shorthand-typists, Secretaries	13
(2) Braille Copyists and Proof Readers	—
(3) Clerical Workers	3
(4) Telephone Operators	13
GROUP III.— <i>Sales Workers.</i>	
(1) Working Proprietors, Shop Managers	2
(2) Shop Assistants, Salesmen	3
(3) Street Vendors, Newsvendors, Hawkers	1
(4) Sales Representatives, Agents, Collectors, Commercial Travellers	4
GROUP IV.— <i>Agricultural and Horticultural Workers.</i>	
(1) Farmers, Farm Managers, Market Gardeners, Farm Workers	1
(2) Gardeners, Groundsmen	2
(3) Animal Husbandry (including Poultry Keeping)	1
GROUP V.— <i>Craftsmen, Production Process Workers, Labourers.</i>	
(1) Machine Tool Operators	42
(2) Fitters and Assemblers	14
(3) Viewers, Inspectors, Testers	6
(4) Boxers, Fillers, Packers	4
(5) Warehousemen, Storekeepers, and Assistants	4
(6) Carpenters and Joiners	2
(7) Knitters (hand and machine), Weavers, Netting Makers	1
(8) Upholsterers, Machinists (Bedding, etc.), Mattress Makers	1
(9) Basket Makers	1
(10) Mat Makers	1
(11) Chair Seaters	1
(12) Brush Makers	—
(13) Wireworkers	1
(14) Boot and Shoe Repairers	—
(15) Piano Tuners	—
(16) Firewood Workers	—
(17) Craftsmen and Production Process Workers (n.e.c.)	2
(18) Labourers (n.e.c.)	11
GROUP VI.— <i>Service and Miscellaneous Workers.</i>	
(1) Domestic/Canteen Workers, Cleaners, Caretakers, Porters	16
(2) Launderers, Dry Cleaners	—
(3) Miscellaneous Workers (n.e.c.)	13
TOTAL	171

With the newly blind, however, before employment can be considered some rehabilitation is necessary. Industrial rehabilitation is provided at the Royal National Institute for the Blind Centre at Torquay, and arrangements for attendance at this centre are made by the Ministry of Labour.

A newly-blind person has often to adjust himself to other needs than those of his employment. He has to adjust himself to this new condition of blindness, and learn how to live in his own home and also to venture into the outside world. To meet this need the Royal National Institute for the Blind provides a special rehabilitation centre at Oldbury Grange, Bridgnorth, and also a social rehabilitation course at Torquay where these newly blind can receive training. The County Council contributes towards the cost of these courses.

Those who cannot obtain employment in open industry may be suitable for employment under sheltered conditions either in a sheltered workshop or under the Blind Home Workers' Scheme.

Sheltered Workshop.

The County Council does not have its own sheltered workshop for the blind but is responsible for three blind persons employed in workshops run by a voluntary organization, the London Workshops for the Blind. The earnings of the blind persons employed in workshops are augmented by the County Council to an agreed minimum. They can also receive a service supplement, assistance towards fares to work, and a production bonus. The County Council receives a grant from the Ministry of Labour towards this expenditure.

Following a working party report on workshops for the blind, a new body has been sponsored by the Ministry of Labour, comprising people with industrial and business experience (known as Industrial Advisers to the Blind, Ltd.), to advise the workshops on modernization and efficient commercial operation.

Blind Home Workers.

The County Council operates a Home Workers' Scheme in accordance with the recommendation of the Local Authorities' Advisory Committee for those who are not suitable for employment in open industry and cannot enter a sheltered workshop, but are capable of employment.

These blind persons work in, or from, their own homes, and subject to being able to maintain a minimum level of earnings depending on the type of employment, receive a supplementation of earnings based on a sliding scale. The minimum weekly income of those admitted to the scheme is at present £10 10s. for men and £10 for women.

There are seventeen blind home workers in the County and they include persons doing such traditional crafts as basket making and machine knitting; piano tuners, physiotherapists, a book-seller, and a smallholder, a gardener, and two proof readers for the National Library for the Blind.

These blind home workers are supervised, assisted, and advised by the Royal London Society for the Blind, which receives a capitation fee from the County Council for this specialized service.

A Ministry of Labour *per capita* grant is received towards this expenditure.

PARTIALLY SIGHTED PERSONS.

The County Council also maintains a register of partially sighted persons who are substantially and permanently handicapped by defective vision, and many of the services provided for the blind, including the support of the home teacher are available for them.

There were 283 partially sighted persons registered with the County Council at the end of 1965, and the following table shows their distribution in age groups :—

TABLE 63.

	Total Number on Register—Age Groups and Sex							Total
	0-1	2-4	5-15	16-20	21-49	50-64	65 and over	
Males . . .	1	2	29	17	28	16	36	129
Females . . .	1	3	25	11	29	16	69	154
Total . . .	2	5	54	28	57	32	105	283

HANDICAPPED PERSONS OTHER THAN THE BLIND, PARTIALLY SIGHTED, AND DEAF AND DUMB.

Until the National Assistance Act, 1948, local authorities did not have power to provide welfare services except for the blind. This Act empowered County Councils and County Borough Councils to provide welfare services for the other handicapped, which had to be in accordance with a scheme approved by the Minister of Health.

The County Council's scheme was approved by the Minister of Health in 1957 and its present service is provided in accordance with the scheme, which permits the County Council to provide the services directly or by the employment of any voluntary organization as its agent.

Although the County Council uses the services of several voluntary organizations to meet the specific needs of individual handicapped persons, it employs as its main agent the Hertfordshire Association for the Welfare of the Handicapped.

The Association was established on 16th January, 1959, to co-ordinate and develop voluntary services for the handicapped. The County Council has made grants to cover the Association's administrative expenses, and also towards the services which have been performed by the Association on behalf of the County Council.

The following are the services which are provided for the handicapped by the County Council or through approved voluntary organizations including the Hertfordshire Association for the Welfare of the Handicapped :—

Registration.

The County Council has to maintain a register in a form required by the Minister of Health of all persons who are substantially and permanently handicapped by illness, injury or congenital deformity, or by such other disability as may be prescribed by the Minister, and wish to be included on the register.

The following table shows by age groups the numbers on the register at the end of each year since the establishment of the service :—

TABLE 64.

	1959	1960	1961	1962	1963	1964	1965
Under 16 . . .	1	1	3	17	34	46	107
16-65	97	323	404	603	894	979	1,089
65 plus	9	22	195	291	489	832	961
Total	107	346	602	911	1,417	1,857	2,157

Social Welfare.

All persons registered have a substantial disability which handicaps them in some way. Some may have learned to cope with the disability but others suffer handicaps, the effect of which can be alleviated by advice, assistance, and support, the use of aids or the alteration or adaptation of their homes.

Many of the handicapped have a restricted social life due to their disability and a social visiting service is of value to them. Social visiting is arranged by the Hertfordshire Association for the Welfare of the Handicapped, whose members keep in touch as far as possible with all the registered handicapped, in order to ensure that their needs are known. The Association also arranges, through its District and Area Committees, social clubs, outings, and other social activities.

Daily living activities of the handicapped persons can often be made easier by the use of simple inexpensive aids. Since 1961, the County Council has granted the Association £1,000 for the purchase of small aids, costing not more than £5 each. During the year the Association has received grants totalling

£250 to purchase aids which have included bath seats and mats, raised toilet seats and seat supports, devices for picking up articles beyond reach, walking aids, walking sticks, elbow crutches, devices to assist in pulling on stockings, handgrips for cutlery, etc., long handled brushes and dustpans.

More expensive aids can be provided direct by the department. One such aid provided was a page-turning machine and cantilever table for a severely handicapped man who is too handicapped to manipulate a book. In order to prevent duplication, such items as hoists, special beds, commodes are provided through the Medical Loan Scheme, but a further study is being made of the two schemes to ensure co-ordination.

The handicapped persons are visited by the divisional welfare officer or his assistant where more skilled advice or help is needed ; or where alterations or adaptations are needed in the person's home to secure greater comfort and convenience, or to make it possible for him to continue to live there.

During the year assistance has been given to over seventy handicapped persons to enable necessary alterations to be carried out.

I give below the type of alterations that have been carried out :—

Provision of ramps	11
Path, pavement crossing, and other alterations necessary in connection with the supply of a Ministry of Health vehicle or wheelchair	21
Handrails and grabrails	28
Fixing of toilet support frames	4
Altering taps and door handles to lever type	1
Widening doors	4
Altering door steps and providing support rail	3
Adding ground level bathroom and toilet to house	1
Providing new access to house where steps could not be ramped	1
Fitting a hoist	1

Holidays.

The person who is severely handicapped in movement, or who needs especially understanding care such as an epileptic, can be more in need of a holiday than a normal person. In other cases where heavy and constant care has to be given by other members of the family it is greatly beneficial to both the handicapped person and his family if he can have a holiday away from home. Yet they may find it extremely difficult or impossible to find a suitable place which will accept him or which is within his often limited means.

Most of the holiday arrangements are made by the Hertfordshire Association for the Welfare of the Handicapped and the Committee has approved a scheme whereby financial assistance can be given towards the cost of the holiday and transport, and, where necessary, the expenses of an escort, where the handicap is such that the person could not make normal holiday arrangements, i.e. needs specialized accommodation or supervision. The Department makes its own applications when the proposed holiday is at Lulworth Court, Westcliff-on-Sea, a home which caters for the extremely handicapped and which was assisted by a capital grant from the County Council when it was set up by the National Association for the Paralysed. Financial assistance has also been given with holidays arranged or provided by other voluntary organizations that cater for the physically handicapped.

During the year over 200 handicapped persons were sent on special holidays of whom eighty-two were assisted financially under this scheme.

Employment.

As with other classes of handicapped, the physically handicapped are employed in open industry wherever this is possible and in this, in addition to the normal employment services, they can receive the assistance of the Disablement Resettlement Officer of the Ministry of Labour, who can arrange rehabilitation and training courses.

Sheltered Employment.

As with the blind, a physically handicapped person may not be able to compete in open industry but might be suitable for sheltered employment.

The County Council has co-operated with the Ministry of Labour and the Hertfordshire Association for the Welfare of the Handicapped to sponsor the formation of a sheltered workshop at Watford. The workshop opened in March, 1963, and is now making satisfactory progress and is providing employment for up to thirty persons who would otherwise be unemployable. The County Council makes an 80 per cent deficiency grant and a capitation grant, but is reimbursed by the Ministry of Labour for 80 per cent of its approved expenditure, subject to a maximum annual grant from the Ministry of £265 per person employed (increased to £300 from 1st April, 1965).

Work Centres.

There are many handicapped persons who although of working age are not employable either in open industry or in sheltered workshops and yet are capable of some form of occupation.

The Hertfordshire Association for the Welfare of the Handicapped has provided four major work centres and two small ones in the County. The County Council has assisted the Association in setting up these centres by grants towards the capital outlay and has also made grants towards the salaries of the supervisory staffs and the expenditure incurred in running the centres. The handicapped persons who work at the centres (three of which operate full-time) receive a small daily allowance and a mid-day meal provided from the profit on the work done. During the year 164 persons were provided with work centre facilities and performed a total of nearly 70,000 hours of work.

Home Work and Craft Instruction.

Those not attending work centres can be assisted in doing craft work or industrial outwork in their own homes by the County Council's staff of occupational therapists and craft instructors who have been seconded to the Association.

Transport.

One of the greatest difficulties in providing welfare services for the physically handicapped is that of transport. Many of the facilities provided such as social clubs, outings, work centres, holidays would be less effective without satisfactory transport arrangements.

In 1960 the County Council made a grant to the Hertfordshire Association for the Welfare of the Handicapped to enable the purchase of a specially adapted vehicle. Since then grants have been authorized to enable eight further vehicles to be purchased. Those now being supplied are of improved design based upon experience to date, so that persons in wheelchairs and others can be easily, safely, and comfortably moved. The County Council make an annual grant towards the maintenance cost of each vehicle.

Car Parking Badges.

The Minister of Health in 1961 asked local authorities to issue badges to identify those drivers who suffered from a permanent and substantial handicap in walking.

Whilst the badge confers no automatic privileges the object is to ease the parking difficulties of these disabled persons, by making them readily identifiable, and police and traffic wardens have been very helpful in assisting handicapped persons in this respect. The badges are valid for three years.

Five hundred and seventeen badges have been issued since the commencement of issue, and 120 were issued or renewed during the year.

THE DEAF.

This service is provided under a scheme approved by the Minister of Health in 1953. A Ministry circular in 1961 revised the definitions of deafness so that our present categories are deaf without speech—those with no useful hearing and whose normal method of communication is by signs, finger spelling or writing—and deaf with speech—those who (even with a hearing aid) have little or no useful hearing, but whose normal method of communication is by speech and lip-reading.

The St. Albans Diocesan Association for the Deaf acts in the provision of the service for the deaf as agents for the County Council as it does for Bedfordshire County Council, Luton County Borough Council, and the London Borough of Barnet. In addition to its spiritual work the Association administers a welfare service for the deaf which is grant-aided by the County Council and the other local Welfare Authorities. This service is available to all deaf whatever their denomination.

The field work staff consists of a chaplain/senior welfare officer and three other welfare officers all working full-time.

In Hertfordshire the Association organizes clubs which are held in Watford and Hertford, where the deaf can get companionship and conversation. The clubs also serve as an additional means of contact between the welfare officers and the deaf. Those who cannot get to the clubs are visited frequently by the officers.

The Association provides a placement service to help the deaf to find employment, including interpretation between the deaf person and the employer. Lack of communication with a hearing person is a tremendous handicap and interpretation is another much needed service which is provided on many occasions, including visits to surgeries, hospitals, and the Courts.

There were 377 registered deaf in the County at the end of the year, and the following table shows their age distribution :—

TABLE 65.

Age Group	Deaf with Speech		Deaf without Speech		Total
	Men	Women	Men	Women	
0-16 . .	21	24	19	14	78
16-20 . .	11	4	5	4	24
21-50 . .	28	29	45	56	158
51-64 . .	13	10	20	23	66
65 plus . .	5	18	12	16	51
	78	85	101	113	377

THE HARD OF HEARING.

The hard of hearing are those who (with or without a hearing aid) have some useful hearing and whose normal method of communication is by speech, listening, and lip-reading. Their needs are catered for by the local groups of the Hertfordshire League for the Hard of Hearing who provide club, social, and recreational services throughout the County except in Potters Bar where the group continues to be affiliated to the Middlesex and Surrey League. The County Council makes grants towards the expenses of these bodies.

There were 258 registered as hard of hearing at the end of the year, and the following table shows their age distribution :—

TABLE 66.

Age Groups	Men	Women	Total
0-16 . . .	8	13	21
16-20 . . .	4	1	5
21-50 . . .	11	13	24
51-64 . . .	20	43	63
65 plus . . .	11	134	145
	54	204	258

DOMICILIARY CARE OF THE ELDERLY.

Welfare.

The aim of welfare services for the elderly is to enable them to live independently for as long as possible in their own homes.

Many of the local authority health services are directed to this aim. These include the services of the health visitor and district nurse, and also the Home Help Service, the Good Neighbour Scheme, and the Chiropody Service.

Other services provided with the assistance of voluntary organizations are meals on wheels and luncheon clubs, social clubs and day centres, and visiting services.

Meals on Wheels.

This is organized on a voluntary basis by the W.V.S., British Red Cross Society, and other voluntary organizations, but the County Council makes grants towards any necessary capital equipment, whilst District Councils subsidize the running expenses. In the past year grants have been made for the purchase of insulated containers in which to transport hot meals, and also towards the equipping and alteration of kitchens used as a base for the meals on wheels service and for luncheon clubs. In a luncheon club the hot mid-day meal is provided in a club setting thus affording a social facility as well as a necessary meal.

During the year over 150,000 meals were provided through the Meals on Wheels Service and over 30,000 at luncheon clubs.

Social Clubs, Day Centres, and Social Facilities.

Social clubs for the elderly are a popular and beneficial service, especially to those who live alone. They are usually provided by Old People's Welfare Committees and other local organizations, and the County Council assists by making grants towards the capital expenditure involved in equipping them with furniture, crockery, etc.

In addition to club activities the local committees often organize outings and other activities, and a visiting service for the housebound.

The activities of the local committees are co-ordinated by the Hertfordshire Old People's Welfare Council which is grant-aided by the County Council.

There are twenty-eight local committees in the County and 126 clubs.

RESIDENTIAL ACCOMMODATION.

The County Council has a duty under Part III of the National Assistance Act, 1948, to provide residential accommodation for persons who by reason of age, infirmity, or any other circumstances are in need of care and attention which is not otherwise available to them.

When the National Assistance Act became operative on 5th July, 1948, the County Council retained as residential accommodation for the aged four former public assistance institutions and continued to have the use of a number of beds in four others which were taken over by the Regional Hospital Board as hospitals.

One of these institutions (Heath Lodge, Royston) has since been closed and considerable improvements have been carried out at the remaining three, viz., Western House, Waie; Welfield, Hatfield; and Waverley Lodge, St. Albans. Accommodation in three of the hospitals has ceased to be used on the opening of new homes, whilst that in the fourth (St. Paul's, Hemel Hempstead) is due for closure on the opening of a new home at Hemel Hempstead early in 1966.

Ten properties have been purchased and adapted as homes, and a further six have been specially built for the purpose.

At 31st December, 1965, there was accommodation for 1,106 residents in the nineteen County homes and seventy-two in the Part III accommodation at St. Paul's Hospital, Hemel Hempstead.

Unfortunately, owing to delays in the building contract, the new home at Letchworth did not open during the year as anticipated, but this and other purpose-built homes at Watford and Hemel Hempstead are expected to be completed early in 1966. Work on two further homes at Stevenage and Oxhey proceeded satisfactorily, but due to the Government's restriction on capital expenditure, the proposed commencement of the erection of other homes at Hemel Hempstead, Boreham Wood, and Potters Bar has had to be carried over to the 1966-67 programme.

All of these new homes will provide accommodation for forty-eight or sixty residents, in groups of twelve accommodated in double and single bedrooms, each unit having its own sitting room. There is a communal dining room, a spare lounge and visitor's room, a passenger lift, handrails for corridors, wash basins in all bedrooms, and an emergency call-bell system for night calls. The resident staff quarters are self-contained and where possible a separate house is provided for the superintendent and matron.

The problems of attracting staff at all levels, when replacements are required at existing homes, as well as when recruiting for the new homes, increase year by year. This is true of the daily non-resident staff of attendants and domestics, and the homes increasingly are compelled to rely upon the part-time services of married women to maintain the service. However, valuable as these staff are, their home and family commitments usually limit the period of the day during which they are available for work. Thus an additional burden is placed, particularly at evenings and week-ends, upon the resident staff who are themselves in extremely short supply nationally.

In order to attract more people into the service as a career, the standards of staff accommodation in the new homes have been substantially improved, so that family accommodation may be offered, whether one or both of the marriage partners are employed in the home. Whilst this involves slightly higher initial expenditure, it is clearly preferable to the alternative prospect of under-occupancy of new homes due to failure to recruit staff.

Owing to the increasing care and attention required by both existing and new residents, difficulty in obtaining admission to hospital, etc., a constantly growing strain is placed on staff, particularly those who are resident. A general review of existing staff establishments has been called for, although recruitment will not be easy even if any increase is authorized. Approval has already been given to a phased introduction of night staff at the larger homes.

The waiting list for admission continues to expand and at 31st December, 1965, comprised 669 persons (196 men and 473 women) compared with 361 (102 men and 259 women) at the corresponding time in 1964. During the year there were a total of 342 new permanent admissions to the homes and 474 discharges,

of whom 112 subsequently were re-admitted from hospital. The following statement summarizes the sources from which people were admitted, and the reasons for their discharge.

Admissions.

From own home (living alone)	87
From own home (living with relatives)	97
From lodgings	19
From hospital (initial admission)	110
From mental hospital (initial admission)	9
From another County by arrangement	1
From private old people's Homes	10
No fixed abode	9
Re-admission after period in hospital	112

Discharges.

To hospital	320
To mental hospital	14
To relatives or other private accommodation	34
Deaths	106

In addition to the admission of permanent residents, it was possible to arrange for 159 " holiday " cases to be admitted during the year for a period usually of two weeks, thus affording a break for relatives with whom they were living and enabling them to take a vacation. There is a growing demand for this service, the number for the previous year having been 113. No provision of accommodation especially for this purpose has been made, so that permanent vacancies occurring earlier in the year must be held over for the summer months to meet the holiday demand. Further, receiving new residents at a time when the homes themselves may be short of staff owing to their own holidays makes greater demands on the resident staff. However, every effort is made to deal with the applications received for this service.

A further innovation during the year was the introduction of a " pilot " scheme at one home for the admission of selected elderly people on a " day care " basis. These are usually persons on the waiting list for permanent admission who live alone or are left alone whilst the other members of the household are at work, and they spend the day at the home. Apart from initial transport difficulties, the scheme is working satisfactorily and will in due course be extended to other existing homes where sufficient dining and sitting room accommodation is available, and to the new homes which are being designed to accept up to six such cases.

Use continues to be made of accommodation in approved voluntary homes and at 31st December, 1965, there were 239 such residents for whose maintenance charges the County Council was responsible.

HOUSING ACCOMMODATION WITH SPECIAL WELFARE FACILITIES FOR THE ELDERLY.

Considerable development has taken place since 1948 in the provision by District Councils and Housing Associations of Warden-supervised housing accommodation for the elderly. Following discussions in August, 1957, with the Hertfordshire Borough and District Councils' Association a formal scheme was drawn up whereby the County Council agreed to make grants towards the running costs of approved warden-serviced housing schemes. The purpose of the grant, the amount of which is determined annually for each scheme, subject to a maximum of £50 per unit provided, is to meet expenditure by the District Council or housing association on " welfare facilities ", i.e. a call-bell or other inter-communication system between the tenants and the warden, telephone, any communal rooms or laundry and the warden's salary and accommodation.

The existing schemes in the County are as follows :—

TABLE 67.

	<i>Units.</i>	<i>Totals.</i>
<i>Development Corporations or Commissions for New Towns.</i>		
Hatfield, Haven Close	16	
Stevenage, Ross Court	24	
Welwyn Garden City, Peartree Lane	17	
	—	57
<i>Borough or City Councils.</i>		
Hertford, West Street	19	
St. Albans, Mt. Pleasant and Portland Place	26	
St. Albans, Hatfield Road	7	
Watford, Brightwell Court	19	
	—	71
<i>Urban District Councils.</i>		
Berkhamsted, Farm Place	39	
Bishop's Stortford, Elmhurst	24	
Chorleywood, Bullsland Lane	30	
Hoddesdon, Beech Walk and Lord Street	28	
Hitchin, Wratten Close	24	
Harpenden, Breadcroft Lane	19	
Common Lane	22	
Masefield Court	10	
Letchworth, Jackman's Estate	22	
Stevenage, Albert Street	35	
Fishers Green	12	
Ware, Watton Road	16	
Welwyn Garden City, Wheatley Road	44	
	—	325
<i>Rural District Councils.</i>		
Buntingford, Paddocks Road	19	
High Wych	10	
Knebworth, Park Lane	20	
Much Hadham	13	
Redbourn, High Street	18	
Watton-at-Stone	20	
	—	100
<i>Almshouses and Housing Associations.</i>		
Beaumont Charity, Cheshunt	20	
Cordery Almshouses, Watford	18	
Goslings Almshouses, Watford	12	
Holy Saviour Almshouses, Hitchin	12	
Abbeyfield Society, Cheshunt	5	
Harpenden, Milton Road	12	
St. Albans	5	
Hanover Society, Stevenage	21	
	—	105
Total		658 units

These schemes, which vary considerably, are known to avert or at least defer many applications which would otherwise be made for admission to the County Council homes for old people. Whilst the warden is not expected to give the comprehensive care provided in such homes it is her function to ensure that the requisite domiciliary services are brought in as necessary. The existence of the warden in the capacity of a "good neighbour" gives reassurance to elderly tenants who would be subject to many anxieties or could become apathetic and neglectful of themselves.

This service undoubtedly meets the needs of the great majority of the elderly in the community and is the best solution to many of their problems,

permitting as it does a form of " supported independence ", and it is to be hoped that District Councils will greatly expand such provision in the next few years.

PROTECTION OF PROPERTY.

The County Council has a responsibility under Section 48 of the National Assistance Act, 1948, to protect the moveable property within the County of persons who are in hospitals or in accommodation provided under Part III of the National Assistance Act, 1948, where it appears that there is a danger of loss or damage by reason of their inability to deal with it, and no other arrangements can be made. This is a very necessary service and the problems can often be solved by advice to the owner or to his relatives, but on occasions the County Council has to arrange storage of property or the administration of estates. Sometimes the Department has to deal with the property of those who have died in residential homes, and if no next of kin can be traced it may be necessary for a detailed report to be made to the Treasury Solicitor.

Receiverships.

Where a person is incapable by reason of mental disorder from managing his own affairs the Court of Protection, Royal Courts of Justice may appoint a person to act as Receiver. If it is necessary for a Receiver to be appointed in order to carry out the duties of the County Council, such as in the matter of protection of property, or to safeguard the County Council's interests, an officer of the County Council may be appointed as Receiver and the Council has authorized applications for Receivership to be made by the County Welfare Officer. Two applications were made during this year, and several applications had to be made for payment of charges on Funds in Court in respect of the maintenance of former residents.

REGISTRATION OF HOMES FOR DISABLED AND/OR OLD PERSONS.

Sections 37 to 40 of the National Assistance Act, 1948, require the registration and inspection of disabled persons and old person's homes, although towards the end of the year (following the practice of the former Health Committee in relation to nursing homes) new registrations have been made pursuant to the more detailed and effective provisions contained in Section 81 of the Hertfordshire County Council Act, 1960.

Following their initial registration, all private and voluntary residential homes in the County are regularly inspected by the nursing officers and the fire protection officer.

TABLE 68.

<i>No. of Registered Homes.</i>		<i>Registered to Accommodate.</i>
<i>Private.</i>		
Elderly . . .	20	278
Disabled . . .	Nil	Nil
<i>Voluntary.</i>		
Elderly . . .	12	338
Disabled . . .	2	45

CHIROPODY SERVICE

Demands on the service continued to increase despite the reduction in the population of the County brought about by boundary changes and the restrictions brought into effect on 1st October, 1964, which confined treatment to those in receipt of a national assistance allowance and those in similar financial circumstances, the service being provided without charge to the patient. Treatment increased in number from 35,896 in 1964 to 38,283 and from 37.8 treatments per 1,000 population to 44.4.

The following table gives details of the service given by private chiropodists and by the County chiropodist, Mrs. Williams.

TABLE 69. TREATMENTS.

	1964.	1965.
<i>Private chiropodists.</i>		
At sessions . . .	7,138 (21·2%)	7,186 (19·7%)
In surgeries . . .	19,888 (58·9%)	19,312 (53·9%)
At home . . .	6,718 (19·9%)	9,490 (26·4%)
	<u>33,744</u>	<u>*35,988</u>
<i>County chiropodist.</i>		
At sessions . . .	1,498 (69·7%)	1,675 (73%)
At home . . .	654 (30·3%)	620 (27%)
	<u>2,152</u>	<u>2,295</u>
<i>Combined total.</i>		
At sessions . . .	8,636 (24·1%)	8,861 (23·1%)
In surgeries . . .	19,888 (55·4%)	19,312 (50·4%)
At home . . .	7,372 (20·5%)	10,110 (26·5%)
	<u>35,896</u>	<u>*38,283</u>

* These figures include Potters Bar for nine months and Barnet and East Barnet for three months.

The scheme was reviewed by the Domiciliary Sub-Committee in May and the Health Committee decided to continue the scheme without further amendments or extensions other than a variation in the assessment scale of those persons not in receipt of National Assistance.

The amounts at which it is decided whether an applicant is eligible for inclusion in the scheme were increased from £6 10s. to £7 10s. for a married couple, and from £4 to £4 12s. for a single person, with effect from 29th March.

Though the treatment rate throughout the County was 44·4 per 1,000 population there were two extremes with 57·1 in the South-West division and with 18·3 in the St. Albans division. In the latter division there was a high percentage of home visits—38·9 per cent compared to approximately 25 per cent for the rest of the County.

ENVIRONMENTAL HYGIENE AND SANITARY ADMINISTRATION.

This report deals with the work of the County Health Inspector.

MILK AND DAIRIES.

(a) *Sampling of Milk for the Detection of Tubercle Bacilli.*

The biological milk sampling scheme continued unchanged. All dairy farms in the County are visited annually with the exception of those where milk is sold untreated by heat, in which case samples are taken quarterly. No samples positive to tuberculosis were found and in fact the last "positive" was in 1960. The comparative rarity of tuberculosis as a cattle disease is due largely to the eradication schemes instituted by the Ministry of Agriculture, Fisheries, and Food, but biological sampling is regarded as a valuable safeguard against infection which might otherwise remain undetected for a considerable period, as many herds are now tuberculin tested only at two-yearly intervals. For this reason it is proposed to continue the scheme especially as samples can also be examined for brucella infection. During the year 445 samples were taken.

(b) *Brucella Infection in Milk.*

It is regretted that there is still no legislation in this country designed to eradicate brucellosis from dairy herds. In this respect, we lag behind the rest of Europe and other highly developed countries throughout the world. While animal infection with brucella organisms does not necessarily result in a cow aborting, there is nevertheless a risk that this may happen. From the public health viewpoint, the danger is more precise and infected milk, if consumed untreated, may give rise to undulant fever in man.

During the year, ten samples proved positive to brucella abortus representing 2.5 per cent of the total samples obtained. No cases of undulant fever came to our notice but as the disease is not compulsorily notifiable, this information is of little value. Universal pasteurization or sterilization of milk might provide an answer as far as human infection is concerned and it is fortunate that something approaching 95 per cent of the County's milk supplies are heat treated.

(c) *Supervision of Pasteurizing Plants.*

There are seven licensed pasteurizing plants in the County, of which four use the high-temperature short-time treatment method and three use the "Holder" method. In the former, the milk is treated at a temperature of not less than 161° F. for a period of not less than 15 seconds, while in the latter method, the milk is "held" at a temperature between 145° and 150° F. for a period of not less than 30 minutes. The first method provides a continuous flow of heat-treated milk while in the latter system, the milk is treated in separate "batches". Two tests are applied to milk samples, one being called the phosphatase test and indicative of the efficiency of heat treatment and the other the methylene blue test which gives an indication of the keeping quality. The table below shows the results of our sampling activities during the year.

TABLE 70.—PASTEURIZED MILK SAMPLES.

	Phosphatase Test			Methylene Blue Test		
	Pass	Fail	%	Pass	Fail	%
Holder	194	1	0.51	193	2	1.02
H.T.S.T.	145	—	—	141	4	2.4

The one failure from a holder plant was investigated and found to be due to a slightly insufficient holding temperature. Methylene blue reduction failures

are also to be expected from time to time in a percentage of samples examined and are not in fact due in any way to pathogenic organisms but only to those which cause staleness in the milk. It must be pointed out that many of these samples are taken under particularly adverse conditions and we try to show up weaknesses in plant design wherever possible.

(d) *Supervision of Dairies.*

Under the Milk (Special Designation) Regulations, 1963, the County Council, as the Food and Drug Authority, is responsible for licensing dairy premises and shops where milk is sold. The table below shows the result of our sampling activity during the year.

TABLE 71.

	Number of Premises	Phosphatase			Methylene Blue			Turbidity		
		Pass	Fail	%	Pass	Fail	%	Pass	Fail	%
Dairies	55	66	—	—	67	2	3.0	7	—	—
Shops	139	122	—	—	120	2	1.6	21	1	4.8
Vending machines .	9	47	—	—	38	9	19.2	—	—	—

The very high percentage of methylene blue failures obtained from vending machines emphasizes their shortcomings when used for the sale of a perishable product such as milk. It is only fair to state, however, that most of the failures came from one particular vending machine where there was some question as to the freshness of the source of supply. An interview with the director of the company concerned ensured that in future all milk will be supplied fresh to the machine, the contents will be regularly replaced and no milk will be allowed to remain in it for a longer period than 48 hours even with the refrigerated conditions under which storage takes place.

(e) *Milk in Schools Scheme.*

There was again a slight increase in the percentage of children drinking milk at County maintained schools (79.54 per cent compared with 79.18 per cent in 1964). 519 maintained schools receive a supply of pasteurized milk and one school in the north of the County is supplied with "untreated" milk. Frequent samples are taken at the farm dairy and every effort is made to see that, although the milk is unpasteurized, there is no question as to its safety. Of the non-maintained schools receiving milk under the scheme, 111 have a pasteurized supply and one non-maintained school in the west of the County has "untreated" milk from a local farm. Here again, particular attention is paid to this "raw" source of milk and frequent bacteriological and biological samples are obtained. In the case of the non-maintained schools, 79.01 per cent of the pupils drank milk at school.

A relatively few dealers supply milk to the various schools in the County and it is customary to sample from each source at least twice a term. In addition, many of the suppliers are also licensed by the County Council within their administrative area and therefore additional sampling takes place during routine supervisory work. Out of 167 pasteurized milk samples taken at schools during the year, one phosphatase failure was reported and three samples failed the methylene blue reduction test. (The phosphatase test is indicative of heat treatment and the methylene blue test of keeping quality.) The phosphatase test failure was investigated and it was thought that this may have been due to the milk having been pasteurized at a lower temperature than that prescribed. All subsequent samples from this dairy proved to be satisfactory. Two of the methylene blue reduction test failures were also investigated and advice given to the dairy on cleaning routines. The remaining methylene blue failure was from a London dairy and information was passed on to the appropriate authority.

SCHOOL CANTEENS.

There are 482 school canteens in the County and 74·41 per cent of children take meals at school. This is an increase over last year's figures (70·96 per cent). The total number of meals taken during the year was 97,631.

It is always pleasing when one can report that there were no outbreaks of suspected food poisoning during the year. This is even more satisfactory when one considers the magnitude of the school meals service within the County. Much good work has been done by the District Councils' Public Health Inspectors who visit canteens, give advice, and, in some cases, run courses which are attended by canteen workers. These courses include lectures on bacteriology and food hygiene, proper cooking practices and refrigeration, the control of pests and insects, and other relevant matters. The dangers of reheating meat are stressed and it is felt that the avoidance of this practice has much to do with the reduction in food poisoning outbreaks. Some food poisoning organisms can withstand relatively high cooking temperatures and can multiply rapidly during prolonged cooling and in subsequent reheating. The amount of toxins (or poisons) liberated in food by bacterial activity can under adverse circumstances reach a level at which food poisoning occurs amongst those who eat the meal. By cooking meat dishes as quickly as possible and eating them either hot or after rapid cooling, the avoidance of these risks can be largely offset. School meals staff continue to attend the Food Hygiene Courses arranged by the Royal Institute of Public Health and Hygiene at the Hemel Hempstead, Hertford, and St. Albans Colleges of Further Education and thirty-one students were successful in the year's examinations.

Milk supplied to canteens is tested from time to time and out of the seventy-eight samples taken during the year, all passed the phosphatase test satisfactorily while one milk supply failed the methylene blue reduction test. A visit was paid to the dairy supplying the milk and advice given on routine cleaning. Subsequent samples were satisfactory.

SWIMMING BATHS.

There are seventy-two swimming baths in the County which are approved for the use of school children. During the year, one pool at a girls' grammar school and two pools at primary schools were completed by Parent/Teacher Association efforts. In addition, swimming facilities at a large public pool on the borders of the County near Elstree were made available to our local school children, and a pool at a modern factory at Redbourn was similarly made available. A school which has previously been non-maintained and which had its own swimming-pool became a maintained school during the year and we became responsible for supervisory work at the pool. Of the total number of pools used, twenty-one are public pools, twenty-five at secondary schools (including eight covered pools), twenty-two are at junior or infant schools, there is one pool at a special school and which was once a private pool attached to the mansion, and there is a further pool at a children's home. All the pools at the junior schools and most of those at senior schools have been built through the voluntary efforts of Parent/Teacher Associations. A further five swimming pools are under construction at the time of writing this report and discussions have taken place with headmasters and Parent/Teacher Association groups in a further forty-one cases. Not all of the proposals will come to fruition but it is certain that a good proportion of them will. Prefabricated wooden pools with plastic liners will now be permitted from a public health point of view following the successful experiment in the provision of such a pool in north Hertfordshire which has been operated successfully for three seasons with entirely satisfactory sampling results. These pools can be built at roughly one-third of the cost of conventional concrete pools and provided that certain basic requirements are met, such as the provision of reliable filtration and chlorination apparatus and

means for the positive extraction of surface water, a high standard of bacteriological purity is obtainable. In addition to the normal public and school swimming pools, two large factories in the County extend their private swimming pool facilities to the local school children. Arrangements for sampling these pools have been made with the District Public Health Officers who also take samples from the public pools in their areas.

School swimming pools are divided into two categories ; those which use a purification system based on continuous flow filtration and chlorination of the water and those which are run by the " fill and empty " method. As the latter name implies, these pools are filled with mains water and are then sterilized by the addition of hypochlorite solution at frequent intervals. Subject to frequent chlorine testing, they can be used for a period of from one to three weeks without undue deterioration of the water and, bacteriologically, they give very satisfactory results. There are only eight of these pools in the County and in the case of two of these, full-scale purification plant will be incorporated in the near future. Of the thirty-seven samples obtained during the year, one failed the bacteriological test. Subsequent samples proved to be satisfactory. Of the continuous flow pools, 706 samples passed the prescribed test and forty-three failed. With the exception of one pool, the failures were spread fairly evenly, the one exception having produced eight failures with only two passes. These unsatisfactory results were obtained at the school pool mentioned earlier in my report which was, until 1965, a non-maintained school. Numerous instructional visits were made but with little immediate success, and it is fortunate that an extensive rebuilding programme has now been launched which will include improvement works to the swimming pool and purification apparatus. Great care will be taken next year to see that a considerable improvement in standards is not only achieved but maintained.

REFUSE DISPOSAL.

The deposit of refuse imported into one district from another is prohibited under Section 26 of the Hertfordshire County Council Act, 1935, unless consent is issued by the County Council and the District Council in whose area the tipping takes place. These two authorities stipulate the conditions under which refuse can be tipped and enable operations to be controlled in such a way as to prevent nuisances arising. In addition, it is also necessary for private tippers to obtain the permission of the County Council and the District Council irrespective of whether the refuse is imported or not. This extension in control of tips was obtained under the Hertfordshire County Council Act, 1960.

During the year five new consents were issued for the disposal of refuse. Two of these were in respect of non-putrescible waste disposal and three putrescible and domestic waste.

GYPSY CARAVAN SITES.

In my last report I gave details of the setting up of a gypsy caravan site at Cole Green, near Hertford, designed to give accommodation for twenty gypsy families. I have to report that this camp has been run successfully throughout the year and several families there have not left the site at all, whereas others have been away for limited periods and have been occupied in seasonal farming activities. The gypsy children continue with their schooling and have integrated well with other children. Surprisingly, they are not only willing to attend school but thoroughly enjoy doing so and this has been a great source of satisfaction.

At the end of June, gypsies in the Bushey area were moved on to a new camp site designed to accommodate twenty-seven families. This site has advantages over the Cole Green site as a relatively long lease was obtained from the owners and the availability of a sewer made it possible to build washhouses, showers, and water closets instead of the Elsan chemical lavatories as supplied

at Cole Green. Hot water is available through coin-operated gas geysers and the women appreciate very much the availability of a hot-water supply for clothes washing and regard this as a particularly valuable amenity. Again the gypsy families accommodated at Bushey are settling down in much the same way as those at Cole Green. Some twenty-six children attend the local school and are well liked by the teaching staff. It is quite obvious that a great deal of sympathy must be extended towards them as the various age groups are quite backward and for this reason it is not possible to distribute them throughout the various classes as would be the case with children having had the advantage of normal education. There is no doubt, however, that the young children will benefit just in the same way as other children ; it is the older children who will be at a disadvantage. At both the Cole Green and Bushey camps, adults have expressed a wish to learn to read and write and arrangements have been made through the local Further Education Centres for an instructor to give weekly lessons at the camp.

The smooth running of the two gypsy camps is in no small measure due to the efforts of the Camp Warden who has worked unceasingly to help the gypsies with their problems, to obtain suitable employment for many of them, and to arrange for children to attend school.

It would be quite inaccurate to assume that the entire gypsy problem will be answered by the provision of camps such as the two in Hertfordshire. The indigenous gypsies are most likely to settle in given areas as they have strong ties and associations in those areas. Of these, however, there will always be a percentage who do not respond to a settled way of life and who cannot be accommodated successfully on an organized camp. Feuds can easily develop and while every effort is made to give the problem families every chance, the aim at this stage must be the greatest good for the greatest number. In those rare cases where problem families have to be turned off a site, there is always an associated strong feeling of failure and the unanswered question as to what is to happen to these people when they are back on the road. In time, many of them may well see the advantages of camp life and the fear of some that this was designed to change their way of living is now seen to be ill-grounded. There is, however, still an extreme problem to deal with and that is the itinerant who would in no circumstances live on a camp but, often in large numbers, will spoil the countryside with their car-breaking activities and wanton destruction. Many of these families are Irish in origin although this is by no means always the case. Coincident with the setting up of the Bushey Camp, there was a mass effort with police aid to rid the Bushey Urban area of large numbers of these untameable travellers and many of these families were last seen disappearing in the direction of the Midlands. It is no exaggeration to say that these people cause great fear among the local inhabitants and physical violence together with structural damage were not infrequent in the area. No civilized community can tolerate this problem for long but the way of life of these people still poses a great problem to the Police and Local Authority alike.

TABLE 72. NEW HOUSING.

	Local Authorities and Housing Associations		Private Builders	
	Under Construction	Completed since 1st April, 1945	Under Construction	Completed since 1st April, 1945
<i>Boroughs.</i>				
Hemel Hempstead	103	1,789	149	1,955
Hertford	209	1,303	187	1,195
St. Albans	51	3,314	172	1,957
Watford	455	4,111	138	2,718
Total—Boroughs	818	10,517	646	7,825
<i>Urbans.</i>				
Baldock	15	586	14	147
Berkhamsted	80	662	90	1,174
Bishop's Stortford	—	857	152	2,380
Bushey	82	668	126	2,175
Cheshunt	446	1,536	758	4,762
Chorleywood	—	234	74	830
Harpenden	48	777	280	2,500
Hitchin	152	1,408	71	1,754
Hoddesdon	192	983	192	1,959
Letchworth	175	2,382	—	973
Potters Bar	8	766	80	2,292
Rickmansworth	172	1,153	83	1,820
Royston	—	553	55	579
Sawbridgeworth	4	301	42	528
Stevenage	127	681	130	871
Tring	18	210	84	976
Ware	55	998	56	1,488
Welwyn Garden City	68	1,611	—	255
Total—Urbans	1,642	16,366	2,287	27,463
<i>Rurals.</i>				
Berkhamsted	18	206	17	474
Braughing	—	481	61	368
Elstree	17	1,634	35	1,247
Hatfield	99	1,603	298	1,948
Hemel Hempstead	52	884	88	853
Hertford	88	774	72	734
Hitchin	113	1,159	191	1,089
St. Albans	70	1,690	201	3,710
Ware	14	731	110	507
Watford	235	1,073	90	2,291
Welwyn	—	462	73	424
Total—Rurals	706	10,697	1,236	13,645
Totals—County	3,166	37,580	4,169	48,933

TABLE 73.—NEW TOWNS.

	Under Construction	Completed
Hatfield	62	3,907
Hemel Hempstead	103	11,334
Stevenage	974	13,287
Welwyn Garden City	534	5,638
Totals	1,673	34,166

AMBULANCE SERVICE.

The decrease in the number of patients carried compared with last year resulted from the Greater London reorganization on the 1st April, 1965. Demands on the service have continued to increase, however, mainly due to development elsewhere in the County and improved hospital facilities and but for the boundary changes a further increase would have been reported.

Although there has been a reduction in the number of patients carried the ambulance mileage has increased. This is due to the loss of the Barnets, a highly populated area which involved a smaller average mileage per patient carried, and increased demands on the service in those parts of the County where the average mileage per patient carried is greater.

The graph on page 97 shows the trend in demands on the service during the last ten years compared with the growth in County population.

Details of the number and classification of patients conveyed each year over the same period are shown in Table 75 and the number of patients carried per thousand population are given in Table 76.

During 1964 the number of patients carried by the directly provided service showed an increase of 7·55 per cent over the previous year and an increase in mileage of 7·11 per cent. In 1965 the number of patients carried shows a decrease of 1·89 per cent with an increase in mileage of 2·98 per cent.

The following table shows the number of patients carried and the mileage involved in respect of the directly provided service, Hospital Car Service, Isolation Ambulance, and Agency Services for the years 1964 and 1965.

TABLE 74.

	1964	1965	Increase or decrease	
<i>Patients.</i>				
Directly provided service	297,886	292,255	Decrease	5,631
Hospital Car Service	34,312	29,891	Decrease	4,421
Isolation Ambulance	207	73	Decrease	134
Agency (Garston Manor Rehabilitation Centre vehicle)	2,272	1,842	Decrease	430
<i>Mileage.</i>				
Directly provided service	1,812,340	1,866,341	Increase	54,001
Hospital Car Service	612,446	569,383	Decrease	43,063
Isolation Ambulance	1,762	624	Decrease	1,138
Agency (Garston Manor Rehabilitation Centre vehicle)	5,032	4,195	Decrease	837

The directly provided service shows an increase in the average number of miles per patient from 6·08 to 6·39 and a decrease in the average number of patients per journey from 4·81 to 4·36.

TABLE 75.

Year	Accidents	Sudden illness	Maternity removals	Removals	Hospital Car Service removals	Total cases
1956 .	5,659	1,795	3,820	204,581	25,086	240,941
1957 .	6,232	2,150	4,029	204,526	19,502	236,439
1958 .	6,760	1,915	3,893	230,012	21,305	263,885
1959 .	6,988	1,916	3,567	227,967	25,355	265,793
1960 .	6,840	1,995	3,810	238,500	25,248	276,393
1961 .	7,415	2,175	3,620	238,125	23,865	275,200
1962 .	7,209	2,503	3,754	248,660	24,480	286,606
1963 .	7,874	2,795	3,704	266,373	31,558	312,304
1964 .	8,328	2,936	3,713	285,388	34,312	334,677
1965 .	8,651	2,838	3,423	279,258	29,891	324,061

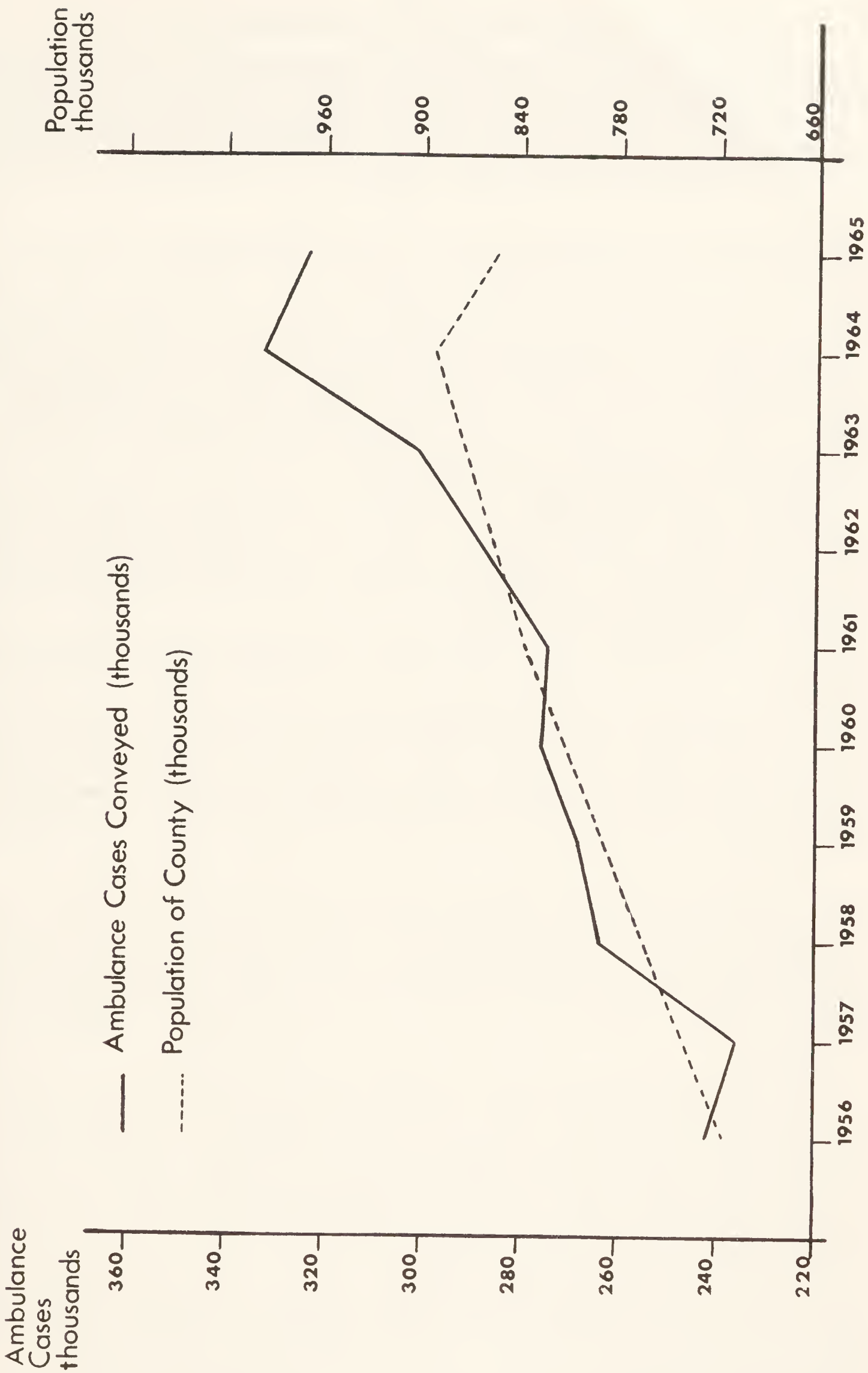
N.B.—The figures shown in "Removal" column include isolation hospital removals and from 1962 Garston Manor Rehabilitation Centre removals undertaken by their own vehicle under agency arrangements.

TABLE 76.—PATIENTS CONVEYED PER 1,000 POPULATION.

Year	Accidents	Sudden illness	Maternity removals	Removals *
1956 . .	7.9	2.5	5.3	321.2
1957 . .	8.4	2.9	5.4	302.8
1958 . .	8.9	2.5	5.1	330.2
1959 . .	8.9	2.4	4.5	323.1
1960 . .	8.5	2.5	4.7	327.2
1961 . .	8.9	2.6	4.3	313.0
1962 . .	8.4	2.9	4.4	318.6
1963 . .	8.1	3.2	4.2	340.9
1964 . .	9.3	3.3	4.2	358.3
1965 . .	9.9	3.2	3.9	355.9

* *N.B.*—This column includes removals and H.C.S. removals shown in Table 75.

GROWTH IN AMBULANCE SERVICE FOR LAST TEN YEARS—COMPARED TO GROWTH IN POPULATION.



REPORTS FROM DIVISIONAL MEDICAL OFFICERS.

Divisional Medical Officers have been invited to submit their comments for inclusion in the Annual Report, and in particular on items which they regard as of special interest or of local significance. Therefore the following reports are not intended to be comprehensive, but supplement the general account of services provided in the County as a whole.

Report of Dr. G. Cust, Divisional Medical Officer, St. Albans.

SOCIAL WORK UNIT.

In April, 1965, the St. Albans Health Division was selected to undertake a pilot scheme, the fundamental idea being to combine the Mental Health Social Workers and the Social Workers of the Welfare Department into a Social Work Unit, operating as one team at divisional level. Mr. Page, the County Social Work Supervisor in the Health Department, was to act as the part-time Senior Social Worker of this team.

One of the essential things in operating a Social Work Unit of this nature is that all Social Workers must be under one roof, and at Bleak House in St. Albans all the Social Workers are housed in the Divisional Health Office. There were a number of problems involved in working as a Social Work Unit but the following has been achieved :—

(1) The Social Workers in the Unit work very closely together and in discussions between them sort out the right Social Worker to take on a particular problem.

(2) Co-operation has been developed very closely with the other members of the Health team, particularly Health Visitors and Nursing Services, and with the Home Help Organizers. There were some early fears that the Health Visitors and the Social Workers might find their boundaries of interest overlapping and troublesome but I am happy to report that these fears were unfounded.

(3) A series of meetings have been held with other Social Workers of other departments working in the Division and this has been of great help in introducing the idea of the Social Work Unit and the newer members of the team to our colleagues in the Children's Department, Probation Service, Medical Social Workers at the hospitals, the Hertfordshire Association for Physically Handicapped, Diocesan Association for the Deaf and Dumb, Citizens Advice Bureau, etc.

There have, however, also been difficulties and I think :—

(1) The pilot experiment has shown, that it would be better to appoint the Divisional Social Worker first and then to amalgamate the team under this leader, rather than the way in which we have done this. A Divisional Social Worker will be appointed in the Division as from 1st April, 1966.

(2) There have been a number of problems, namely that the Welfare Officers cannot spare as much time on social work as they should, because of the difficulties in their collection duties.

(3) There is need for strong clerical support of the Social Workers who after all are field workers and spend most of the day outside of their offices, and as from 1st April, 1966, there will be an additional clerk with Mr. Hart in the Social Work Unit.

(4) The regular meetings have high-lighted particularly the heavy burden borne by the Welfare Officers in their functions of the compulsory removal of patients under the Mental Health Act, 1959. One side-line which has developed (and a very valuable one) is, out of the work of the Social Work Unit, has started regular meetings with Dr. Stephenson, the Chairman of the Hill End Medical Staff Committee, for discussions of mutual problems in the field of mental illness. These meetings have been valuable to both sides of the service.

(5) There are difficulties in acquiring Social Workers because there are not sufficiently trained staff available, and the number of trained staff in this part of the service compares very badly with the number of trained staff in other areas. Training facilities also appear to be inadequate in that the number of applications from local authorities for places on the social work training courses, considerably out-number the number of training places available.

HEALTH EDUCATION.

One of the most interesting features during the year was the Redbourn Home Safety Exhibition. In February we had a meeting with interested representatives from the various villages in the Rural District, to decide how the County Health Department could help with the important business of home safety education in the villages in the Rural District. At this meeting two suggestions were made, one that perhaps there could be home safety exhibitions in interested villages, and secondly, that perhaps a division wide Home Safety Competition particularly between women's organizations could be sponsored in the form of a knock-out competition ; organized by the Health Education Section of the Health Department. From this, after a number of successful coffee mornings at which much home safety was talked and I also believe much coffee ingested, emerged the desire of a Home Safety Exhibition in Redbourn. The Home Safety Advisory Exhibition Committee was set up in Redbourn, and we all owe our thanks to a most enthusiastic group of people, particularly Mrs. Jepps, the chairman of the Committee, and Mrs. M. J. Holton, the secretary of the Committee. After much hard work the Home Safety Exhibition was displayed from Tuesday, 28th September to Friday, 1st October at the Methodist School, North Common, Redbourn, and was an overwhelming success. The final count showing that 713 persons had visited the exhibition. The response from the local schools was very good and 260 persons during the exhibition were taught the mouth-to-mouth method of artificial respiration on Resuci-Anne. I feel sure that this exhibition made a great impact on the village and was a good way of stimulating interest in home safety in the area.

CIVIL DEFENCE (TRAINING NURSING REGULATIONS, 1963).

The Ministry of Health brought into operation in May, 1963, the above regulations which conferred on the Councils of County and County Boroughs in England and Wales the function of providing training in home nursing and first aid to members of the general public. The intention was not only to provide first aid and home nursing training which would be of value in Civil Defence situations but that the training would be of considerable value in everyday life. The ultimate aim of the course is that as many people as possible should receive training but the Ministry's advice was that a start should be made on a limited scale so that a sound organization can develop which would be capable of expansion and the Ministry considered that the first stage should be the organizing of courses for suitable members of the Councils own staff. St. Albans City, St. Albans Rural, and Harpenden Urban District Councils accepted the delegation of responsibility for these regulations from the County Council, and during 1965 successful courses were held in St. Albans for members of the staff of St. Albans City and St. Albans Rural District Council, the courses being under the direction of Mr. Calder, the Civil Defence Officer for the City, and Mr. T. Young, the Civil Defence Officer for the Rural District, and later in the year Harpenden under the direction of Mr. Foster, the Harpenden Civil Defence Officer. The course consisted of four lectures on essential first aid and five lectures on home nursing and the Health Department was very happy to provide nursing staff to carry out the lectures on home nursing for the above courses. The first aid courses were instructed by instructors of the Civil Defence, Ambulance, and First Aid Sections, the lay instructors being approved by the Medical Officer of Health. The courses appear to have been enjoyed by all concerned.

VISITORS TO THE DEPARTMENT.

During the year we get a number of visitors to the Department to see various sections of the work being carried out. During 1965 we had two U.N.I.C.E.F. Fellows visit the Department for a week in February to see the Child Health Services in the Division. They were a paediatrician from the Philippines and a paediatrician from Bihar, India. Also during the year two post-graduate students studying for the Diploma of Public Health spent a week with the Divisional Medical Officer to observe what the day-to-day functions of a Medical Officer of Health are at first hand. Two trainee general practitioners also visited the Health Department as part of their introduction to County Public Health Services. These visits by our colleagues are a great stimulation to the staff and it is very pleasant to think that people can come and learn something from us.

During the year we have numbers of other visitors to the Department. Each year we get a party of student teachers from Balls Park Training College. A party of nursery nurse students from Bradford who visit our clinics and day nurseries and a number of individual student teachers come to see the work of the Health Department as part of their training college health projects.

ATTACHMENT OF NURSING STAFF TO GENERAL PRACTITIONERS.

It has been decided, as a matter of policy, that it is much better for the nursing staff of the Local Health Authority to work for firms of doctors rather than for the nurses to have a geographical area of a town and work with any doctor who had patients in that area. It has been found that the best way of doing this is for the nursing staff to be attached part-time to firms of general practitioners. After the successful pilot experiment in Hemel Hempstead where Dr. Hynd successfully attached his health visitors to the general practitioners we began, in late 1964, to attach members of our nursing staff to general practitioners. This began in November, 1964, in Boreham Wood where one practice who had been very keen on the attachment of nursing staff had health visitor, midwife, and district nurse attached to their practice. In a relatively small area like Boreham Wood this caused so many administrative difficulties in the office that it was decided to attach the rest of the staff in Boreham Wood to the rest of the doctors in Boreham Wood, and this was carried out.

Attachments then were slowly made throughout the whole of 1965 in the rest of the Division, starting with the attachment of district nurses and the midwives to the general practitioners and followed by the attachment of the health visitors. There were a number of administrative difficulties in doing this and I am very grateful to the co-operation of both the nursing staff and the doctors in helping to sort out these difficulties. In the City of St. Albans the attachment of the health visitors was delayed until later in the year, because in March we carried out a detailed survey of the work of the health visitor under the auspices of the Research Panel. This was to give us a baseline of the work of the health visitor when she was working a geographical district and this will be followed by a repeat survey after a period of attachment to group practice in order to see how the work of the health visitor changes. We all feel that attachment is of great value to the doctor, to the nurse, and also to the patient.

Attachment on the whole has gone very well indeed but how fast the co-operation develops seems largely to be a matter of personality, some groups of general practitioners enthusiastically welcoming the nurse and one or two enthusiasts having to be watched so that they did not overburden her with new work. On the other end of the scale, apart from the fact that the health visitor is now working only with one firm of doctors, her methods of working have not altered very much from the days when she had a geographical area.

In the majority of practices, personal relationships have been forged and much good work is being done. Many of the district nurses have a surgery session at the general practitioner's surgery where they give injections, carry out dressings, do ear syringings which saves the valuable time of the doctor and in

many cases dressings, injections, etc., done in the surgery, instead of the nurses having to pay a visit to a patient's own home, thus saving the time of the nurse. A number of doctors have developed joint ante-natal clinics with their practice midwives and one doctor has developed a very successful well-baby and immunization clinic in his practice. I am sure that we are only at the beginning of fruitful co-operation in this field.

I would like to pay a personal tribute to Miss Seymour, the Divisional Nursing Officer, who has borne the brunt of the administrative planning of the attachment schemes and its success is in many ways due to her planning.

ST. ALBANS COLLEGE OF FURTHER EDUCATION AND THE HERTFORDSHIRE COLLEGE OF BUILDING.

One very pleasing development during the year has been the increasing co-operation between the St. Albans College of Further Education and the Hertfordshire College of Building with the Health Department. The College of Further Education has run four courses on Preparation for Retirement at their Alma Road Annexe during the year. This course is run by the Liberal Studies Department of the College of Further Education and a typical course consists of the following programme, which is a copy of the programme for the February, 1965, course :—

1st February.

- 2.00 p.m. Welcome and introduction to the College. Principal, Mr. R. L. Helmore.
Introduction to the Course. Mr. E. B. Ashton, Liberal Studies Department.
- 2.30 p.m. "The £ s. d. of Retirement: (i) Retirement Pensions." Mr. D. E. Catley, Ministry of Pensions.

8th February.

- 2.00 p.m. "The £ s. d. of Retirement: (ii) Supplementary Pensions." Mr. H. Emmett, National Assistance Board.
- 3.15 p.m. "The £ s. d. of Retirement: (iii) Difficulties of Part-time or Continued Paid Employment." Mr. H. J. Hunt—ex Ministry of Labour.

15th February.

- 2.00 p.m. "Adjustment to Retirement: (i) Medical Aspects." Dr. G. Cust, Medical Officer of Health, St. Albans.
- 3.15 p.m. "The £ s. d. of Retirement: (iv) Superannuation, Insurance, Investment." Mr. J. S. France, Bank Manager, retired.

22nd February.

- 2.00 p.m. "Adjustment to Retirement: (ii) Social Aspects." Dr. Mein.
- 3.15 p.m. "Safety in the Home." Station Officer Richards, Fire Service.

1st March.

- 2.00 p.m. "What the College can offer."
(i) Library—Mr. G. Wheatley.
- 2.35 p.m. (ii) Art and Craft Department—Mr. C. Springham.
- 3.20 p.m. (iii) Evening Studies Department—Mr. L. Budd.
- 3.45 p.m. (iv) Liberal Studies.

8th March.

- 2.00 p.m. "Activities in St. Albans."
Adjustment to Retirement.
Social and Psychological Aspects 2—Dr. Mein.
- 3.15 p.m. Panel of speakers representing local organizations.
Alderman F. J. Lavery, Chairman.
Mrs. S. Clarke, Mrs. P. Hall, Mr. H. J. Lait.

The courses have been arranged for Monday afternoons on a day-release basis and the February courses were attended by thirteen people, nine men and four women, who divided into two age groups, one group between 50 to 59 and the other 63 to 66. There was little absenteeism from the course and lectures were able to start promptly on all occasions. It was very pleasing to see the interest in the various aspects of the course and I think this is a very positive contribution to the health of the elderly people in the town in the future.

During June Miss Shadek very kindly arranged for the C.C.H.E. display "Preparation for Retirement" to be on show at the Public Library in Victoria Street and I am grateful to Miss Wilson, the City Librarian, for allowing us to have this display in the central library.

The next field in which there has been excellent co-operation with the College has been that we have jointly with the College run a course for the Royal Institute of Public Health and Hygiene's Clean Food and Food Hygiene Certificate. The College did all the organizing, the Public Health Inspectors from the City, Rural, and Harpenden Health Departments did the lecturing and a successful initial course was held. A further course will be held each year and I hope to see a much better response from food handlers in the area. This is an advance course very suitable for senior staff in canteens, restaurants, hospital catering service, supervisors of canteens in the School Meals Service, food shops managers and our goal here would be to see every person working in a senior position in the food trade holding this certificate.

The third area of co-operation has been with the Hertfordshire College of Building which started in 1964 to run a course for the professional training of pupil public health inspectors leading to the Diploma of the Public Health Inspectors' Examination Board. Again the Health Department has been able to help with the organization and the lecturing on this course. There is a shortage of public health inspectors in the country and particularly in this part of the country, and the only way in which public health inspectors can be trained is for them to be employed as pupil public health inspectors by Health Departments and to attend diploma courses on a part-time basis and there are obvious advantages when the College of Building can run a course locally. There are eight pupil public health inspectors on the first course and six pupil public health inspectors on the second course. Again this is a very valuable contribution to the health of Hertfordshire.

Finally, there has been liaison with the St. Albans College of Further Education in the in-service training courses for our home helps. The domestic science part of the course was carried out at the College by Miss Harper-Smith, Domestic Science Tutor.

Report of Dr. G. R. Taylor, Divisional Medical Officer, Welwyn Division.

On 1st April, 1965, the administration of the personal health and welfare services of the Middlesex County Council for the area of the Potters Bar Urban District was transferred to Hertfordshire as an extension of the Mid Herts Division; a similar transfer also being effected for education. This change in administration raised no practical problems for there had been the closest co-operation and discussion with the officers of the Middlesex County Council prior to the transfer, and the majority of professional and technical staff at Potters Bar continued in their posts. A detailed survey of the clinical and staffing arrangements and the special facilities available was undertaken immediately following the take-over in order to ensure that the previous services were fully maintained, the staff welcoming the opportunity for joint discussion on proposals for future adjustments to conform with the general pattern of administration in Hertfordshire. My thanks are especially due to Dr. J. R. Campbell and her staff for their ready co-operation in the transfer of records and patient replies to our many inquiries, and also to the health visitors and domiciliary nursing staff who accepted the need for working to a slightly changed pattern with good grace and full accord. Proposals for redecorating and improving the Cranborne Clinic have been agreed with the architect to be carried out in 1966, while in The Elms Clinic the County has gained a fine, modern, well-equipped centre in excellent decorative state, the equal of most new centres in Hertfordshire.

There were several changes in the medical and nursing staff of the Division during the year. Dr. E. C. Howarth left us on taking up an appointment with the East Sussex County Council in September, and I am particularly grateful

for the help he was always ready to give, particularly in health education, research projects, e.g. the anti-smoking clinic and reorganization of infant welfare centres. Dr. E. P. Rigby has been appointed in Dr. Howarth's place and has already taken charge of many of the special services inaugurated by his predecessor.

The regular obstetric clinical meetings at the Queen Elizabeth II Hospital instituted by Mr. Watson, Consultant Obstetrician, are well attended by hospital and domiciliary midwives, general practitioners, and the hospital obstetric team. At these meetings there is a cordial atmosphere of joint effort with observations and opinions freely expressed on all aspects of maternity work in Mid Herts, and excellent addresses on some recent advances in practical obstetrics. Domiciliary midwives in Mid Herts are, of course, not under heavy pressure in their work since the opening of the obstetric unit at the Queen Elizabeth II Hospital.

Attendances at the infant welfare centres have been well maintained with the levels of primary immunization and vaccination being kept at satisfactory levels. The A.C.M.O.'s regularly report on reactions occurring in children following immunization, but of a total of twenty-four reactions reported all were minor local or general effects, with no neurological sequelae. Regular discussion groups are still held at the three centres in Welwyn Garden City and every opportunity is sought to introduce new educational subjects and material. A very successful young mothers club has also been established by Miss Baylan at Cuffley during the year. Thanks are due to the Health Association for the purchase of a film projector and screen to assist the health visitors in their talks and to the Library Service which has provided book displays for mothers at the Lawrence Hall and Gooseacre Centres.

The attachment of health visitors to group medical practice in Hatfield was arranged in the summer and will shortly be followed by a similar allocation for the district nurses and midwives.

The Junior Training Centre in Lemsford Lane, Welwyn Garden City, opened in its new premises in September and provides greatly improved facilities for the training and education of mentally defective children for the whole of Mid Herts. This fine centre with eighty places includes a small nursery and special care unit well equipped for the individual care of the more severely handicapped children, while for the older children the domestic science section and handicrafts work rooms provide excellent opportunity for extending the practical education and training in home management and manual skills. At the end of the year some fifty-five places had been filled, the recommendations for entry being made by Dr. Rigby in consultation with Mrs. Jukes, supervisor, the appropriate mental health social worker and the parents of the child. The parents of the children attending are most appreciative of the facilities provided at the Centre and, although some children have to travel long distances by coach or special transport to reach the Centre, arrangements made by the Central Department have worked very smoothly. At my frequent visits to the Centre I am impressed by the new educational methods and varied projects introduced at the various age ranges, the devotion of the staff to the groups of children under their supervision and the team spirit which emerges for each group, in spite of widely varying handicaps and aptitudes. With more Centres opening throughout the County it is encouraging to see the improved opportunities for the training of staff for these Centres with frequent discussions on new methods and approaches to these handicapped children and visits to other Centres.

Following discussion with Dr. G. W. Fisher, Medical Superintendent of Cell Barnes Hospital, in the autumn, I am pleased to learn that he will shortly be holding regular out-patient consultative sessions at the Queen Elizabeth II Hospital at which any problems arising in the domiciliary care of mentally retarded children or adults can be referred for advice.

In December the hall vacated by the Junior Training Centre in Lemsford Lane was opened as a small centre with some thirty places for adult defectives.

Although the training and educational facilities here are limited by the restricted accommodation, a promising start has been made and the Centre certainly helps to meet the urgent needs in Mid Herts until the permanent adult centre is built on the other side of the town in two to three years time.

The mental health social workers are based at Hatfield and Potters Bar pending the opening of the Parkway Health Centre in the summer of 1966. This fragmentation of the social services with some workers based at the Divisional Health Office and others at peripheral centres is the inevitable result of piecemeal development, but will, it is hoped, shortly be replaced by a more co-ordinated social work unit as a major part of the Divisional Administration Scheme.

The Home Help Service now maintains a team of some seventy-five Helps serving the needs of about 325 persons in Mid Hertfordshire. The demand for help in the home, particularly for the elderly is now regularly in excess of the service available, and this position will undoubtedly persist as the pool of women available for recruitment into the service is limited and periodic recruitment drives merely maintain the present position. Eleven Senior Helps attended the Divisional Training Course at Hatfield in the autumn and joined in discussions on the social services, special needs of the elderly and families with poor home standards and the domiciliary care of mentally handicapped persons, while one or two selected Helps also attended more advanced courses arranged by the Central Department.

Report of Dr. V. R. Walker, Divisional Medical Officer, North Herts.

Nursing Staff.—Frequently this has given the impression of being fully extended and the recently authorized policy of attachment of staff to medical practices must cause additional demands on nursing time. In Stevenage New Town, with its much higher-than-average proportion of infants and children, health visiting staff seem at times fully stretched.

In the Hitchin area there has been, during the year, insufficiently available district nurse/midwife staff, partly occasioned by staff illness ; also in Hitchin the health visiting services have been seriously disrupted by longer periods of staff illness.

In Letchworth the attachment of nurses and midwives to group practices was effected at the end of the year, additional to the previous attachment of health visitors.

A *night nursing service* has been successfully working in this division during the year with a nursing staff of two, who of course cannot be kept continuously engaged on night work ; it is hoped to increase staff for such service to three State Enrolled nurses to avoid excessive travelling within the division.

Nurseries and Child Minding.—The year 1965 has seen a tremendous development throughout the division in the formation of Play Groups of pre-school children, both privately and by voluntary societies. Also there has been a considerable increase in the registration of child minders taking small groups for reward into their own homes. The registration and advising of such groups has occasioned a greatly increased volume of investigatory work falling on the divisional nursing officer.

Home Help Service.—While the public demand for such services is almost unlimited, difficulties in recruitment require a thin spreading of available staff over cases requiring service. Some areas (as Letchworth) seem on balance to require importation of service but there are limits on the capacity of home helps to travel much distance. With a chronic shortage of recruits to the service arrangement of a “ good neighbour ” service fills the gap, particularly where the receiving family can assist in the selection of an *ad hoc* appointed helper, where the domicile is isolated, or where there is need for service at odd hours early and late in the day.

Certain cases would greatly benefit from a “ night sitter ” service if only

there were persons willing and able to accept such very unattractive employment in the locality.

Junior Training Centre.—At the end of the year preparations were in progress for the expansion therein of the Special Care Unit when the senior children had moved to the senior training centre opening at Gunnels Wood Road, Stevenage, in early January, 1966. The limiting factor in such service must be recruitment of suitable staff, of which a considerably higher ratio to children will be required for the severely handicapped ; many of such will also require special ambulance transport.

Chiropody.—The provision of chiropody treatment to applicants who are either in receipt of National Assistance or in similar financial circumstances continued both through private chiropodists, practising under the County Council scheme, and by the increasing employment of chiropodists on a sessional basis in the Hitchin and Stevenage Health Centres. An average of three sessions per week have been held at the Hitchin Health Centre and two sessions per week at the Stevenage Health Centre. Overall demands are just being met and, unless there is an increase in the chiropodists practising in the area, it is likely that in the very near future the treatment of patients will need to be extended beyond the usual six weeks period in order to provide some chiropody treatment for all, rather than establish a waiting list.

At the end of the year approximately 1,150 persons were receiving treatment, of whom 73 per cent obtained such through private chiropodists practising under the scheme and 27 per cent at sessions held on welfare premises. Of the persons being treated outside County Council sessions roughly 60 per cent attend chiropodist surgeries and roughly 40 per cent were treated as domiciliary cases. According to the information available, it seems that approximately 38 per cent of the persons receiving treatment are on National Assistance, whereas roughly 62 per cent are receiving treatment after submitting an application on financial grounds. This latter percentage would appear higher than one would expect and it must be visualized that many persons in straightened financial circumstances are not applying to the National Assistance for supplementary allowances.

Medical Staffing.—For a long period this divisional establishment had been understrength from lack of recruitment but in September the return of a medical officer to half-time service and the recruitment of a full-time medical officer has permitted completion of school medical inspection schedules. Also it has now been possible to extend welfare centres to new housing neighbourhoods in Stevenage and Letchworth and to increase frequency of welfare sessions to meet the needs of areas with recent markedly expanded population.

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